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| **Subject Access Request form where a request is made on behalf of an individual**  **I am the representative for the following individual and would like to make a Subject Access Request for their personal information.**   |  |  |  |  | | --- | --- | --- | --- | | Name of patient |  | | | | Date of Birth |  | | | | NHS No (if known) |  | | | | Date of Request |  | | | | Name of person  making the request |  | | **Signature:** | | Please provide the basis for applying on behalf of another individual:  □ Authorisation from the patient  □ I hold Lasting Power of Attorney for the patient  □ I am appointed as an independent Mental Capacity Advocate on behalf of the patient  □ I have parental responsibility and the patient is under 18, and lacks capacity to understand the request  □ I have parental responsibility and the patient is under 18, and has consented to the request  **Please note that the practice may have to contact you for further information and verification of the above** | | | | | Do you want a copy of your *entire* GP record? **YES / NO** | | | | | Details of request | | If not your entire GP record, then please detail exactly what information you would like. For example, between two dates, or relating to a particular medical condition, or hospital letters only. | | | How would you like the information to be provided, if possible? | | Please indicate your preferred option:    □ Email – please supply an up to date secure email address  Email address:  □ Printed  □ Online access to my medical record  □ Other – please specify:  Please note, it may not always be possible to supply the information in your preferred format. | | | Please note that you might be contacted by the practice for further information, or clarification about the request, if needed. Any questions? Please contact the Practice Manager or Practice Secretary | | | | |
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