

**DATA SUBJECT ACCESS REQUEST**

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| Section 1 – Your Details | | | | | | | | | | | | | | | | | |
| Please make sure you use your formal name in this section | | | | | | | | | | | | | | | | | |
| Mr Mrs Ms Dr | | | | Other |  | | | Surname | | | |  | | | | | |
| First Name | | | |  | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | | | | | | |
| Telephone Number | | | |  | | | | | | | Email  address | | | | | | |
| How would you like to be informed when the records are ready to collect? | | | | | | | | | | | | | | | | | |
| Telephone preferred | | | | | | | Yes | | | | | | | Email preferred | | | Yes |
| Section 2 – Information you require | | | | | | | | | | | | | | | | | |
| It would be helpful for us if you can detail the reason for the request below please. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Please complete the details below detailing exactly what you would like copies of: | | | | | | | | | | | | | | | | | |
| 1. | Please provide me with copies of my medical records for the following period | | | | | | | | | | | | | | | | |
| From: | | |  | | | | | | To: |  | | | | | | | |
| 2. | Please provide me with copies of all records relating to a certain condition/incident | | | | | | | | | | | | | | | | |
| Condition/incident: | | | | | | | | | | | | | | | | | |
| Section 3 – Signature | | | | | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | | | | Date | |  | | |
| Please hand this form to the receptionist. You will be required to bring in photo ID and sign a form to acknowledge receipt and responsibility for your record when you collect. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| For Practice Use ONLY | | | | | | | | | | | | | | | | | |
| Action | | | | | | Signed | | | | | | | | | | Date | |
| **Data Extracted** | | | | | |  | | | | | | | | | |  | |
| **Data Checked** | | | | | |  | | | | | | | | | |  | |
| Patient advised ready to collect | | | | | |  | | | | | | | | | |  | |