



**Grŵp Meddygol
Ystwyth
Medical Group**

www.ystwythmedicalgroup.co.uk

Parc y Llyn
Aberystwyth
Ceredigion
SY23 3TL

Tel: 01970 613500

SAR FORM

Please complete this form if you wish to access your personal data.

You can also use this form if you are making a request on behalf of someone else, however in such instances we will ask you to provide evidence of your entitlement to act and receive information (please ensure you complete section 3) or will seek authority from the individual for whom you have made the request.

You will not be charged for a copy of your records. However, the Practice can charge a "reasonable fee" when a request is manifestly unfounded or excessive, particularly if it is repetitive. We will therefore charge a reasonable fee to comply with requests for further copies of the same information.

If you have any queries relating to your request, please contact us.

Section 1: Details of the individual for whom the request relates

Title:	
Surname	
Forename(s)	
Address	
Postal Code	
Date of Birth	
NHS Number (if known)	
Contact Telephone Number	

Section 2: Whose personal data are you requesting?

Please tick (✓) which of the following applies:

<input type="checkbox"/>	I am the patient named in section 1 (<i>please proceed to section 3</i>)
<input type="checkbox"/>	I have a signed letter of authority to make this request. (<i>please enclose a copy of signed authority</i>)
<input type="checkbox"/>	I have parental responsibility for the patient who is under the age of 16 (<i>please enclose a copy of proof of parental responsibility i.e. parental responsibility order issued by the Court or a copy of the Child's full birth certificate</i>) Please note: that you do not have an automatic right to your child's data, and decisions will be made on the relevance of release of data to you. In the UK a child aged 13 years or older in most circumstances will be required to consent to the release of their data.
<input type="checkbox"/>	I have been appointed through a Lasting Power of Attorney to act on behalf of the patient (<i>N.B. proof must be enclosed before the application can be processed i.e. a copy of the sealed document</i>)
<input type="checkbox"/>	I am the deceased patient's Personal Representative (<i>proof must be enclosed before the application can be processed i.e. Grant of Probate or proof that you are the Executor of the Will</i>)
<input type="checkbox"/>	Other Reasons (please outline)



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If you are not requesting access to your own personal data, please provide the following information about you:

Full Name	
Address	
Postal Code	
Date of Birth	
Contact Telephone Number	
Relationship to individual for whom you are requesting data:	

PLEASE NOTE:

We are unable to respond to your request until we also receive the following:

- Satisfactory confirmation of the identity of the person on whose behalf you are making this request. Please provide details outlined in section one.
- A copy of your legal authority to make this request. This may be a signed letter of authority, a power of attorney document or other legal document confirming you are their legal representative

Section 3: What data are you requesting?

Please provide as much detail as possible as to the data you are requesting, and why you are requesting it.

Please be as specific as possible as this will speed up the request process, include time periods and specific episodes of illness or treatment wherever possible.

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Section 4: Declaration

I declare that the information given in this form is correct to the best of my knowledge and that I am entitled to apply for access to the records referred to under the terms of the General Data Protection Regulation 2016, Access to Records Act 1990 or the Mental Capacity Act 2005.

Please check the information you have provided and sign below:

Full name of Applicant	
Signature of Applicant	
Date	

Please return this form and the documents we have asked you to provide to:

Ystwyth Medical Group, Parc y Llyn, Aberystwyth, Ceredigion, SY23 3TL

Or email to contact.w92025@wales.nhs.uk

General Practitioner Partners
Dr Gail S Davies, Dr Steffi Grahl Dr Ahmed Ellaban
General Practitioners
Dr Sarah Wright, Dr Nicholas Cooper, Dr Mohammed Khalid, Dr Zulikat Yakub,