

Subject Access Request Form

This request form is for **general practice records**.

Records, including letters, blood results and consultations after 16 JUNE 2023 are available to view via the NHS app or SystmOnline.

Please speak to our reception team if you require assistance to register with online services.

If you require records related to a hospital or other clinical setting please make the request to the service provider directly.

Marsh Medical Practice respects the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.

Charges Payable: In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded, excessive or if the records have been provided before. If any charges are to be made, we will contact you with further details.



PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.

1. Details of Patient/Client/Staff member's records to be accessed (Please complete one form per person)

Surname		Date of Birth	
Forename(s)		Current Address	
Any former names (If Applicable)		Full Postcode	
Mobile Number To notify you that the records are ready for collection*		Previous Address (If Applicable)	
NHS Number (If known/relevant)		Full Postcode	

2. Details of Records to be Accessed – the information you are asking for

In order to locate the records you require please provide as much information as possible.

Records dated	Details of records requested (e.g. GP consultations)
From	
To	

3. IF YOU ARE REQUESTING RECORDS FOR SOMEONE OTHER THAN YOURSELF OR YOU REQUIRE YOUR RECORDS TO BE SENT TO A THIRD PARTY e.g firearms license: Details of applicant/third party – who requires the notes?

Full Name	
Company (if Applicable)	
Relationship with individual who's records have been requested	
Address to which a reply should be sent	
Postcode:	Tel:

4. Authorisation to release to applicant/organisation

I (Print name) _____ hereby authorise Marsh Medical Practice to release my personal data as detailed above, to the above applicant/organisation.

Signature of patient/client/staff member : _____ Date: / /

5. Declaration

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / General Data Protection Regulation 2018.

Please select one box below:

- I am the patient/client/staff member (data subject).
- I have been asked to act on behalf of the data subject and they have completed sections 3 and 4 - authorisation above.
- I am acting on behalf of the data subject who is unable to complete the authorisation sections 3 and 4 above (Covering letter with further details supplied).
- The data subject is under 16 years old and I have parental responsibility (Please include proof such as a birth certificate)
- I have been appointed Power of Attorney (POA) for the patient/client, who is over age 16 (Please include a copy of POA).
- I have been appointed Guardian for the patient/client, who is over age 16 under a Guardianship order (Please provide a copy).

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It will be necessary to provide evidence of identity when records are collected (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the GDPR, requests will be responded to within 30 days after receiving all necessary information and/or fee if required to process the request.
- Under the terms of the GDPR information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.
- Medical records will generally be provided in electronic format (unless they are minimal in quantity).
- *Requests for records for firearms licenses will be sent directly to the company undertaking the review as per Government guidelines.

Please confirm which site you would like to collect your records from once they are ready:
Except for firearms which are sent directly*
North Somercotes / Manby

Print Name (applicant)
Signature (applicant) **Date**

Please complete and send this document to:
Marsh Medical Practice, Keeling Street, North Somercotes, Louth, Lincs, LN11 7QN