

Subject Access Request Form

Data Protection Act 2018 and General Data Protection Regulation (GDPR)

Section A: Details of the data subject (person to whom the information relates)

Title:

Forenames:

Surname

Date of Birth:

Address (for correspondence):

Telephone number:

E-mail address:

Section B: Identification

If you would like to view your records before we send them to a requesting third party or if you are requesting the medical records for yourself; we require a copy of your photo ID, either a passport or Driving licence.

Please Note – The copy identity documentation will be shredded once we have verified your identity.

ID supplied.

Please tick as appropriate

Copy of passport / Driving licence

Section C: Details of person acting on behalf of the data subject (IF APPLICABLE)

Title:

Forenames:

Surname

Address (for correspondence):

Telephone number:

E-mail address:

Relationship to data subject

To authorise another person to make this subject access request on your behalf, please sign the statement below.

I hereby give my authority for _____

(full name of the person) to make a subject access request on my behalf under the Data Protection legislation.

Signed: _____ Date: _____

Print name: _____

NOTE: The data subject must also sign the declaration in Section E.

Section D: Details of information requested.

Please give a brief description of what information you need, who has requested the information (if the requester is a third party) and why. If you can be specific about the information that you would like, it will assist us to locate it (if we hold it). If we require further details about the information that you are requesting, we will contact you.

I require my full medical records for the purposes of a job opportunity. Please provide this in an email format or in a paper format for me to collect.

Section E: Data subject declaration

I certify that the information given on this form is true. I understand that My NHS GP practice may need to obtain further information in order to comply with this request.

Signed: _____ Date: _____

Print name: _____