**Church Farm Close Practice**

**Subject Access Request**

**Form**

As part of the NHS, Church Farm Close Medical Practice collects information from health and care organisations that are providing your care. Under Article 15 of the General Data Protection Regulation, you have a right to access personal information that we hold about you.

To get a copy of this information please complete this form, and return it to either Lofthouse Surgery or The Manse Surgery.

Please note that the information will be presented to you in an electronic form, if you require a hard copy there will be an administrative charge.

You can also use this form to ask to see the records on behalf of someone else, as long as you are legally allowed to act on their behalf. This includes:

* Making a request for a child
* Making a request for someone that you have power of attorney for.

Please be aware that although we will always strive to be as efficient as possible when processing your Subject Access Request, under the new GDPR regulations the allocated length of time for this is 30 days.

**Notes for completing the form:**

1. **Please make sure you complete all relevant sections in block capitals to ensure that details are clear.**
2. **This form must be completed in blue or black ink, and signed in order for us to process your request.**
3. **You must fill in all sections of the form that apply to you.**
4. **Section 3 should only be completed if you are making the request on behalf of someone else.**

**Section 1: Details of the person this request is about (the ‘Subject’)**

Please tell us the details below about you, or the person you are applying on behalf of, so that we can check for the information we may hold:

|  |  |
| --- | --- |
| ***Title*** |  |
| ***Surname*** |  |
| ***First Name*** |  |
| ***Former Surname*** |  |
| ***Date of Birth*** |  |
| ***NHS Number (if known)*** |  |
| ***Contact Number (day)*** |  |
| ***Email Address*** |  |
| ***Home Address***  ***(inc. postcode)*** |  |
| ***GP Surgery Preference – Lofthouse Surgery or The Manse Surgery (For collection of records)*** |  |

Getting as much information as possible helps us find the information you want. If you/the subject has been known by a different name or has lived at a different address during the time span of your enquiry, please give details below:

|  |  |  |
| --- | --- | --- |
| ***Name:*** | ***From (date):*** | ***To (date):*** |
| ***Address (inc. postcode)*** | | |
| ***Name:*** | ***From (date):*** | ***To (date):*** |
| ***Address (inc. postcode)*** | | |

**Section 2: Record requested (Helping us to find the information)**

The more specific you can be, the easier it is for us to quickly provide you with the records

requested. Being clear about the information you require will help us to respond promptly to your request. If you think you require further information you can always submit a further request and there are no fees attached to your right of access. Please supply as much detail as possible.

|  |  |
| --- | --- |
| ***Please provide me with a copy of all records held*** |  |
| ***Please provide me with a copy of records between the dates specified below:*** |  |
| ***Please provide me with a copy of records relating to the incident specified below.*** |  |
| ***Please provide me with a copy of records relating to the condition specified below.*** |  |

***Please use this box to add any extra information you may feel is relevant to your request***

**Section 3: Written authority to act on behalf of the person you are making the request for**

This section should only be completed if you are making the request on behalf of someone else.

If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney and select the appropriate tick box below.

|  |  |
| --- | --- |
| ***Full Name*** |  |
| ***Contact Number*** |  |
| ***Email Address*** |  |
| ***Address*** |  |
| ***Relationship to Patient*** |  |

I have been asked to act by the patient and attach the patient’s written authorisation

I have full parental responsibility for the patient and the patient is under the age of 16

and:

1. has consented to my making this request, or
2. is incapable of understanding the request (delete as appropriate)

I have been appointed by the court to manage the patient’s affairs and attach a certified

copy of the court order appointing me to do so.

I am acting *in loco parentis* and the patient is incapable of understanding the request.

I am the deceased person’s Personal Representative and attach confirmation of my

appointment (Grant of Probate/Letters of Administration).

I have written, and witnessed, consent from the deceased person’s Personal

Representative and attach Proof of Appointment.

I have a claim arising from the person’s death (Please state details below).

**Section 4: Proof of Identity**

**(The following list is not exhaustive).**

**Applying for yourself**

If you are applying for yourself, we need to see:

* One document confirming your name - from Group A.
* One document confirming your address - from Group B.

**Applying on behalf of someone else**

If you are applying on behalf of someone else, we need to see:

* One document confirming your name - from Group A.
* One document confirming the name of the person you are applying on behalf of - from Group A.
* One document confirming your address - from Group B.
* One document confirming the address of the person you are applying on behalf of - from Group B.
* All documents needed to show that you have the authority to access the records - from Group C.

1. Documents that confirm your name:

* Full driving licence
* Passport
* Birth certificate
* Marriage or civil partnership certificate
* Photographic bus pass
* Work identity badge (Recognised business)

B. Documents that confirm your address:

* Utility bill
* Bank statement
* Credit card statement
* Benefit book
* Pension book

C. Documents that confirm you are allowed to act on behalf of the person you are making the request for:

* Health and Welfare Lasting Power of Attorney
* Court of Protection Order appointing you as a personal deputy for the personal welfare of the Subject
* Full birth certificate of child
* Full certificate of adoption
* Parental responsibility order
* Signed declaration from the subject

We may get in touch with you for further information

**Section 5: Where you would like the copies of your information to be sent**

**Our preferred method of delivery is via the patient NHS Systmonline Service. Any documents sent will be password protected.**

If you would like to get your information by post, your information will be posted by special delivery will need a signature upon receipt. However, if the Royal Mail are unable to deliver to the address given and need to return the documentation to Church Farm Close Practice this will be returned by normal post (that is, not securely).

**Please note administrative charges will be incurred for hard copies of records and postage.**

Please tell us where you would like your information sent ***(please select only one of the following six options):***

I am the patient and would like my information to be made available on the NHS Systmonline Service.

I am the patient and would like my information posted to my home address given in Section 1. I accept that this will incur administrative charges.

I am the patient and would like to collect copies paper of my information from my GP Surgery. I accept that this will incur administrative charges.

I am acting on behalf of the patient and would like the information to be made available on the NHS Systmonline Service.

I am acting on behalf of the patient and I would like paper copies of the information to be posted to the address given in Section 2. I accept that this will incur administrative charges.

I am acting on behalf of the patient and would like to collect the paper copies of the information from the GP surgery I have chosen in section 1. I accept that this will incur administrative charges.

**Section 6: Declaration**

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 14, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 3.

Knowingly or recklessly obtaining or disclosing personal data is an offence under data protection legislation. By signing this form, you are giving agreement that your personal data (or that of the person you are acting on behalf of) can be shared within Church Farm Close Practice in order that we may process your request and provide you with the information sought.

Your personal data will be kept in accordance with NHS Retention and Destruction procedures.

**Patient:**

Signature: ……………………………………………………………………. Date: …………………….

Print Name: …………………………………………………………………..

**Person making a request on behalf of the patient:**

Signature: ……………………………………………………………………. Date: …………………….

Print Name: …………………………………………………………………..

**Your Checklist**

Is your contact information correct?  Have you completed all the relevant sections?

Have you enclosed acceptable identification?  Have you signed the form?

**For Office Use Only – Receptionist:**

**Name of staff member accepting SARS Form:** …………………………………………….

**Date:**…………………………………

**Staff Member Check list:**

1. **All relevant sections of the form are completed fully** (Please check):

* For a patient requesting their own records – Section 1, 2, 4, 5 & 6
* For someone other than the patient requesting the records – All Sections

1. **Correct Identification has been provided** (Please see section 4, page 5)

* For a patient requesting their own records –
* *One document confirming name of patient (Group A) and one their confirming address (Group B).*

*Please see section 4 for acceptable documents and guidance.*

* For someone other than the patient requesting the records –
* One document confirming the requester’s name, one document confirming the name of the patient they are applying on behalf of (Group A).
* One document confirming your address, one document confirming the address of the patient they are applying on behalf of (Group B).
* All documents needed to show that the requester has authority to access records. (Group C).

1. **The declaration is completed correctly. (Please see section 6, page 7)**

* For a patient requesting their own records –
* The patient has signed, dated and printed their name.
* For someone other than the patient requesting the records (Including parent of younger person aged 14 and over) –
* The patient of whom the information is being requested for has signed, dated, and printed their name - If the patient is over the age of 14 and isn’t capable of giving consent for this request documentation should be provided.
* The person making the request of behalf of the patient has signed, dated and printed their name.

**For Admin Team Only -**

Date SARS Form received ..................................

Date patient report created………………………. Date report third party redacted……………………

Date information sent to patient and how:………………………………………………

Staff name: Staff signature: