**Mildmay Medical Practice – Request for Access to Records (SAR)**

|  |
| --- |
| The Access to Health Records Act 1990, the Data Protection Act 2018 and the UK GDPR give patients/staff or their representatives a right of access, subject to certain exemptions, to their health/ employment records. Mildmay 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 (SAR).** |
| **Charges Payable** In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” in order to comply with your request. |
| **Verification of identity** You will be asked to sign the form and provide an additional form of ID, eg passport or driving licence in advance of this request being processed. |

|  |  |
| --- | --- |
| **PLEASE COMPLETE IN BLOCK CAPITALS – illegible forms will delay the time taken to respond**  **Return to: Mildmay Medical Practice 2A Green Lanes, London N16 9NF** | |
| 1. **Details of Patient / Staff member’s records to be accessed** (Please complete one form per person) | |
| Surname | Date of Birth |
| Forename(s) | Current Address  Postcode |
| Any former names (if applicable) |
| Telephone No | Previous Address (if applicable)  Postcode |
| NHS Number (if known/relevant) |
|  |

|  |  |
| --- | --- |
| 1. **Details of Records to be Accessed** | |
| In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from, eg PALS, continuing healthcare, human resources etc | |
| **Records dated from** | **Department or services accessed** |
| / / **to** / / |  |
| / / **to** / / |  |
| / / **to** / / |  |

|  |  |
| --- | --- |
| 1. **Details of Applicant** (complete if different to patient / staff member details | |
| Full name |  |
| Relationship with individual whose records have been requested |  |
| Address to which a reply should be sent | **Postcode Tel:** |

|  |
| --- |
| 1. **Authorisation to release to applicant** (to be completed by the patient / staff member if not making their own request) |
| **I (Print name)**  Hereby authorise Mildmay Medical Practice to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.  **Signature** of patient / staff member **Date** |
| 1. **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 relevant legislation.  Please circle one of the following:   * I am the patient / staff member (data subject) * I have been asked to act on behalf of the data subject and they have completed section 4 above (Authorisation) * I am acting on behalf of the data subject who is unable to complete the authorisation section above (covering letter with further details supplied) * I am the parent / guardian of a data subject under 16 years old who has completed the authorisation section above (please include proof such as a birth certificate) * I am the parent / guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf * I have been appointed the Guardian or Deputy for the patient / staff member who is over aged 16 under a Guardianship order or Deputyship for Health and Welfare (attached) * I am the deceased patient / staff member’s personal representative and attach confirmation of my appointment * I have a claim arising from the patient / staff member’s death and wish to access information relevant to my claim (covering letter with further details supplied)   **Please Note:**  If you are making an application on behalf of somebody else we require evidence of your authority to do so, eg personal authority, court order, deputyship  **It will be necessary to provide evidence of identity, eg driving licence or passport**  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  Requests will be responded to within **one calendar month** after receiving all necessary information  For requests under the Access to Health Records 1990, these will be responded to within 40 days where no entries have been made to the patient’s record 40 days immediately preceding the date of this request. Otherwise requests will be responded to within **one calendar month** after receiving all necessary information  Under data protection legislation, information disclosed under a Subject Access Request may have information removed. Should you not be satisfied with our handling of your request, you may contact our Data Protection Officer via letter to the practice or email to [dpo.ncl@nhs.net](mailto:dpo.ncl@nhs.net). You also have the right to contact the Information Commissioner; details are available via their website <https://ico.org.uk> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name** |  | **Signed (Applicant)** |  | **Date** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID SEEN**  (staff use) | * **Passport** * **Driving licence** * **Utility Bill** | **SEEN BY** | **Staff Member** | **Date** |