

Umbrella Medical

Broadway Medical Centre, Hatherston Medical Centre,
Holland Park Surgery, Mossley Fields Surgery



Subject Access Request Application Form

**PLEASE NOTE THE FIRST REQUEST WILL BE FREE OF CHARGE HOWEVER REPEAT REQUESTS
COULD INCUR A CHARGE TO COVER ADMINISTRATIVE COSTS -
Please allow 28 days for this request to be completed**

Please tick the box that applies:

I am the data subject (the person the information is about) ☐

I am acting on behalf of the data subject (Consent required) ☐

PLEASE NOTE THAT ALL COPIES OF RECORDS ARE NOW SENT DIRECTLY TO YOU VIA A THIRD PARTY (IGPR). THESE WILL BE SENT TO YOU VIA EMAIL. PLEASE ENSURE YOU PROVIDE US WITH YOUR CORRECT EMAIL ADDRESS IN THE BOX BELOW:

EMAIL ADDRESS	
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Title		DOB	
Surname		Forename	
Address			
Contact Number		Signature	
EMIS Number		Date	

IF YOU ARE ACTING ON BEHALF OF THE ABOVE PATIENT- PATIENT CONSENT WILL NEED TO BE OBTAINED IF YOU ARE REQUESTING THIS APPLICATION ON BEHALF OF SOMEONE ELSE.

Name of person requesting SAR:		Relationship to patient:	
I consent to the person named in this section to request and have access to my records for the below purposes.			
Signature:			
Date:			
Email address for records to be sent to:			

1.	What is the purpose for the Subject Access Request?	Tick Box
	Out-patients Letter	<input type="checkbox"/>
	Test Result	<input type="checkbox"/>
	GP Consultation	<input type="checkbox"/>
	Referral	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Comments		

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2.	How many years of records are you requesting?	Tick Box
	Last year	<input type="checkbox"/>
	Last 2 years	<input type="checkbox"/>
	Last 5 years	<input type="checkbox"/>
	Last 10 years	<input type="checkbox"/>
	Entire Medical Record	<input type="checkbox"/>
Office Use	Date of Completion	Proof of ID