

Subject Access Request Form

Islington GP Federation (Islington GP Group Ltd) known as IGPF

Based on DPOv1.5

Islington GP Federation (IGPF) holds the contract for the following GP practices

Barnsbury Medical Practice (BMP)

City Road Medical Centre (CRMC)

Hanley Road Primary Care Centre (HPCC)

Northern Medical Centre (NMC)

IGPF also holds a variety of contracts for other health services. IGPF is therefore the data controller for all data held by the above practices & those services.

Requests relating to the GP record can be processed by the GP practice.

Organisation Name	Postal Address	Email address	DPO
Islington GP Federation	Islington GP Federation Islington GP Group Ltd Unit 16-18, The Studios, 8 Hornsey Street, London N7 8EG	islingtongp@nhs.net	dpo.ncl@nhs.net
Barnsbury Medical Practice	Barnsbury Medical Practice Bingfield Primary Care Centre 8 Bingfield Street, LONDON N1 0AL	Barnsbury.medicalpractice@nhs.net	dpo.ncl@nhs.net
City Road Medical Centre	City Road Medical Centre City Road Approach 190-196 City Road LONDON EC1V 2QH	cityroadmedicalcentre@nhs.net	dpo.ncl@nhs.net
Hanley Primary Care Centre	Hanley Primary Care Centre 51 Hanley Road, Finsbury Park LONDON N4 3DU	nclicb.hanley.road@nhs.net	dpo.ncl@nhs.net
Northern Medical Centre	Northern Medical Centre Holloway Community Health Centre 11 Hornsey Street LONDON N7 8GG	nclicb.northernmc@nhs.net	dpo.ncl@nhs.net

Subject Access Request form

Tick the relevant Practice or Organisation you want records from:

Tick	Organisation Name	Postal Address	Email address	DPO
	Islington GP Federation	Unit 16-18, The Studios, 8 Hornsey Street, London N7 8EG	islingtongp@nhs.net	dpo.ncl@nhs.net
	Barnsbury Medical Practice	Bingfield Primary Care Centre 8 Bingfield Street, LONDON N1 0AL	Barnsbury.medicalpractice@nhs.net	dpo.ncl@nhs.net
	City Road Medical Centre	City Road Approach 190-196 City Road LONDON EC1V 2QH	cityroadmedicalcentre@nhs.net	dpo.ncl@nhs.net
	Hanley Primary Care Centre	51 Hanley Road, Finsbury Park LONDON N4 3DU	nclicb.hanley.road@nhs.net	dpo.ncl@nhs.net
	Northern Medical Centre	Holloway Community Health Centre 11 Hornsey Street LONDON N7 8GG	nclicb.northernmc@nhs.net	dpo.ncl@nhs.net

This form can be provided if requested but cannot be required or enforced. It gives the requester a standard format for their request if needed

a) Details of person requesting information (the Applicant):

Full name:	
Date of birth:	
Address:	
Telephone Number:	

b) Are you the Data Subject (for example the named individual who the requested records refer)?

YES: If you are the data subject please go to question e)

NO: Are you acting on behalf of the Data Subject with their written authority? If so, the written authority must be included. Please answer questions c) d) and f).

c) Details of the Data Subject if different to those given in answer to question a).

Full name:	
Date of birth:	
Address:	
Telephone Number:	

d) Please describe your relationship with the Data Subject that leads you to

make this request for information on their behalf:

e) Please give details as to the information you would like to review:

Include the date range(s) for the information held (approximate dates are acceptable):

f) Please provide the following proof of Identity and authorisation from the Data Subject:

- Driving licence or, Passport or birth certificate of the data subject.
- Proof of address, e.g. a utility bill (no longer than 3 months old) of the data subject.
- A signed letter of authorisation from the data subject consenting that the person can act on their behalf, Lasting Power Attorney or Deputyship for Health and Welfare, Solicitor registration and statement that you are acting for the data subject

NOTES:

The [Islington GP Federation](#) will normally respond to a Subject Access Request within one calendar month of receipt. This period will not commence until the [Islington GP Federation](#) is satisfied as to the identity and authority of the applicant.

Solicitors applying are advised that they should provide evidence that they are acting for the data subject although a signed authority is NOT required if the solicitor is in good standing and registered as practicing by the Law Society. [This organisation is aware of the code of practice on use of medical information for insurance requests and will ensure that this guidance is followed; solicitors not following it will be reported to the regulatory bodies.](#)

[Islington GP Federation](#) may seek further information from the applicant as to the specific information requested. Any request for clarification may suspend the one calendar month period until the required information is received.

Signature of Applicant _____

Date: _____

PRINT NAME _____

[See below on how to return the form.](#)

Please return this completed Subject Access Request (SAR) Form and any requested documentation to the **appropriate** address below either in person, by post or email.

You may be asked to attend in person with your documents to validate your identity.

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Office use:

Date SAR Received:		Received by who:	
Evidence of Data Subject Identity taken:		What?	
Data Subject Signed Consent present			
SAR logged			