

Subject Access Request Made to Atherley House Surgery

Section 1 Patient details

Full Name:	
Address:	
Postcode:	
Telephone number:	
Date of Birth:	
NHS Number: (if unsure of this please contact practice)	

Section 2 – Applicant details (if making a request on behalf of the person above)

Full Name:	
Address:	
Postcode:	
Date of Birth:	
Relationship to person in Section 1	

Under the terms of the Data Protection Act 2018 I wish to request the following from my medical record:

- Copies of medical records from (date) _____ to _____
- Copies of ALL my medical records from birth
- I am aware that if I wish for my records to be posted (by recorded delivery) to either myself or my representative, then I will be responsible for the postal charges.***
- I will collect the records from the surgery Please post the records to me at my home address
- My representative (see over) will collect the records from the surgery Please post to my representative at their given address

Full name of Representative:

Date of birth of Representative:

Address:

Postcode:

I understand that information from my medical record, including all correspondence, test results and details of every consultation will be provided to the above named person or persons. Any liability for this disclosure will rest with me.

I understand that my records will be made available within 28 days of receipt of this form (unless data is particularly large in which case I will be notified)

Signed:

Date:

For office use only:

Date form received: _____

Identification provided: Please state type of ID provided _____

Relationship to patient verified (if applicable):