

Beech House Surgery Subject Access Request Form

Beech House Surgery respects the rights of individuals to have copies of their information wherever possible.

Photographic I.D. will be necessary to collect the records.

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.



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.

PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.

1. Details of Patient/Clients/Staff members records to be accessed (Please complete one form per person)

Surname	Date of Birth									
Forename(s)	Current Address									
Any former names (If applicable)	Full Postcode									
Telephone Number	Previous Address (If applicable)									
NHS Number (If known/relevant)	Full Postcode									
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If further details are available please include in a separate covering note.										

2. 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: i.e. PALs, complaints, continuing healthcare or Human Resources etc. (Continue on a separate sheet if required).

Records dated from	Department or services accessed
/ / to / /	
/ / to / /	
/ / to / /	

3. Details of applicant (Complete if different to patients/clients/staff members details)

Full Name			
Company (if applicable)			
Relationship with individual whose records have been requested			
Address to which a reply should be sent	Postcode:	Tel:	

4.	Authorisation to release to applicant (to be completed by the patients/clients/staff member if not making their own request)
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I (**Print name**) _____ hereby authorise Beech House Surgery 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/client/staff member : _____ **Date:** / /

5.	Declaration
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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 Access to Health Records Act (1990) / Data Protection Act and GDPR.

Please select one box below:

- I am the patient/client/staff member (data subject).
- I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.
- 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 13 years old who has completed the authorisation section above. (Please include proof such as their birth certificate)
- I am the parent/guardian of a data subject under 13 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 for the patient/client, who is over age 13 under a Guardianship order (attached).
- I am the deceased patient/client's personal representative and attach confirmation of my appointment.
- I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It will be necessary to provide evidence of identity (i.e. Driving Licence/Passport or other acceptable form of photographic I.D.).
- 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 30 days after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

Print Name		Signed (Applicant)		Date	/ /
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Please complete and send this document to:

Beech House Surgery, 69 Vale Street, Denbigh, Denbighshire, LL16 3AY