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| **Subject Access Request form where a request is made on behalf of an individual****I am the representative for the following individual and would like to make a Subject Access Request for their personal information.**

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| --- | --- |
| Name of patient |  |
| Date of Birth |  |
| NHS No (if known) |  |
| Date of Request |  |
| Name of person making the request |  | **Signature:** |
| Please provide the basis for applying on behalf of another individual: □ Authorisation from the patient □ I hold Lasting Power of Attorney for the patient □ I am appointed as an independent Mental Capacity Advocate on behalf of the patient □ I have parental responsibility and the patient is under 18, and lacks capacity to understand the request □ I have parental responsibility and the patient is under 18, and has consented to the request **Please note that the practice may have to contact you for further information and verification of the above** |
| Do you want a copy of your *entire* GP record? **YES / NO** |
| Details of request | If not your entire GP record, then please detail exactly what information you would like. For example, between two dates, or relating to a particular medical condition, or hospital letters only. |
| How would you like the information to be provided, if possible? | Please indicate your preferred option: □ Email – please supply an up to date secure email address  Email address: □ Printed □ Online access to my medical record □ Other – please specify: Please note, it may not always be possible to supply the information in your preferred format. |
| Please note that you might be contacted by the practice for further information, or clarification about the request, if needed. Any questions? Please contact the Practice Manager or Practice Secretary |

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