

## **HIGHTOWN SURGERY**

### **Subject Access Request**

The General Data Protection Regulation 2018 gives patients or their representatives a right of access, subject to certain exemptions, to their health record. Hightown Surgery respects the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form is required to enable your request to be processed. This 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 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.

#### **Details of the Record to be accessed:**

|                 |            |
|-----------------|------------|
| Patient Surname | NHS Number |
| Forename(s)     | Address    |
| Date of Birth   |            |

#### **Details of the Person who wishes to access the records, if different to above:**

|                         |  |
|-------------------------|--|
| Surname                 |  |
| Forename(s)             |  |
| Address                 |  |
| Telephone Number        |  |
| Relationship to Patient |  |

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 above under the terms of the General Data Protection Regulations 2018.

Tick whichever of the following statements apply.

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I am the parent/guardian of a patient under the age of sixteen, and who is incapable of understanding the request.
- I am the parent/guardian of a patient under the age of sixteen, and they have consented to me making this request and attach the patient's written consent.

**Notes:**

Under the General Data Protection Regulations 2018 you do not have to give a reason for applying for access to your health records.

You will be required to provide evidence of identity

Your request will be responded to within 30 days (with day of receipt counting as day one)

Information disclosed under a Subject Access request may have information removed; this is to ensure that the confidentiality is maintained for 3<sup>rd</sup> parties referred to who have not consented to their information being disclosed.

**Optional** - Please use this space below to inform us of certain periods and parts of your health record you may require.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports

|  |  |
|--|--|
| <b>I would like a copy of all records</b>  |  |
| <b>I would like a copy of records between specific dates only (please give date range) below</b>                 |  |
| <b>I would like copy records relating to a specific condition / specific incident only (please detail below)</b> |  |

|             |  |
|-------------|--|
| Print Name: |  |
| Signed:     |  |
| Date:       |  |

*For Practice use only: ID verified Yes/No*

*Signed.....*