

ACCESS TO RECORDS UNDER THE GENERAL DATA PROTECTION REGULATIONS (GDPR) 2016

SUBJECT ACCESS REQUEST FORM For patients of The Practice Group Surgeries and For patients and clients of The Practice Group Services

- The Practice Group respects the rights of individuals to have copies of their information wherever possible.
- Personal information requested from you in 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 (SAR).
- 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. However, before any further action would be taken, we would contact you with details of our “reasonable administrative charges” to comply with your request.
- This Subject Access Request (SAR) Form will be accepted by post, in person or by email and the response will be provided by post, by collection in person or by email.
- When a patient or client makes a Subject Access Request (SAR) we will take the following steps:
 - Log the date on which the request was received (to ensure that the relevant timeframe of one month for responding to the request is met);
 - Review the SAR to confirm all the required information, including proof of identity, has been provided;
 - Search electronic patient records, systems and other places where personal data which are the subject of the request may be held; and
 - If personal data of the data subject making the SAR is not being processed, inform the data subject of that within the one-month timeframe.

NOTES FOR APPLICANTS: Please read these guidance notes before completing the Application Form.

Note 1 (Part A) – Identity of the person about whom the information is requested. This part must be completed for all applicants.

Complete all details relating to the person whose records you wish to access. This should include former names (e.g. maiden name) and previous address, if applicable, for the period relating to the record requested.

Note 2 (Part B) – Details of the information required. This part must be completed for all applicants.

To help us identify which part of the Practice Group holds your records, please provide details of The Practice Group Surgery you are registered with, or The Practice Group Service, for example Eye Care or Complex Care.

You must specify the records you wish to access and provide as many details as possible. If you need records for a specific period of time, you should state the date range you need. If there is insufficient space, please attach a continuation sheet.

Note 3 (Part C) – Declaration – This part must be completed by the person seeking access.

Tick one box only which best describes you.

Sign and date in the space provided, and, if you are not the person to whom the record relates, provide your address, telephone number and relationship to the person.

We require proof of identity before we can process your request. This is to protect the confidentiality of the data subject and ensure that the Data Protection principles are not breached. Photocopies are acceptable, DO NOT send original documents. Additionally, If the person lacks capacity of understanding to make the request you also need to provide a copy of the authority enabling you to act on their behalf e.g. Lasting Power of Attorney.

Note 4 (Part D) – Authorisation for Application made on behalf of another person and details of proof of identity.

This part should only be completed when the applicant is not the person to whom the record relates but has been authorised by the person to make the application.

Once the details in sections A to C have been completed the person should sign and date in the space provided to officially authorise the applicant's request for access.

GENERAL NOTES

1. WARNING – It is a criminal offence to make false or misleading statements in order to obtain information.
2. Individuals have a right to confidentiality of their personal health information and The Practice Group must be satisfied that an applicant is the person or the person's authorised representative. This may involve checking the identity of any of the named persons on the completed application form and their validity to request access.
3. Information may be withheld where it is considered that access might cause harm to the physical or mental health of the patient or any other individual, or where a third party might be identified.
4. Complaints and Appeals: If an applicant is unhappy with the outcome of their access request, the complaints channels are available:
 - Meet with the applicant to resolve the complaint locally;
 - Advise a patient or client to make a complaint through the complaints process.

If a patient or client remains unhappy with the response, they have the right to appeal to the Information Commissioner's Office:

https://www.ico.org.uk/Global/contact_us.

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire, SK9 5AF

Telephone: 0303 123 1113

Email: casework@ico.gsi.gov.uk

5. A copy of this form can be found at www.thepracticegroup.co.uk at the bottom of the Home Page

**Part A – Identity of the Person about whom the information is requested
(see note 1)**

Title	
Forenames	
Surname	
Former names	
Date of Birth	
Address	
Telephone number	
E-mail address	

Part B – Details of the information required (see note 2)

Name of Surgery or Service holding the records requested:	
Location of Surgery or Service holding the records requested:	
<ul style="list-style-type: none"> • Please describe the information that you believe we hold and to which you are seeking access. • If you can be specific about the information that you would like, it will assist us to locate it (if we hold it). • If you only require information covering a specific period of time, please tell us what that time period is. • If we require further details about the information you are requesting, we will contact you. 	
Details of the information you want:	

Part C – Declaration (see note 3)

I declare that the information given is correct to the best of my knowledge and that I am entitled to apply for access to the information detailed above under the terms of the GDPR. (Tick as appropriate):

- I am the person named in Part A
- I have been authorised to act by the person named in Part A
- I am the person’s parent/legal guardian and have parental responsibility
- The person is over 13 years of age. I am their next-of-kin/legal representative. I am making this application as they lack the capacity of understanding to make the request.

SIGNED:	PRINT NAME:
DATE:	TEL NO:
RELATIONSHIP TO PERSON:	ADDRESS:

Part D – Authorisation for application made on behalf of another person and details of proof of identity (see note 4)

I hereby authorise release of my records, as specified above, to the person named in Part C and declare that I am the person named in Part A of this form.

Signed	
Date	
Print name	

Please confirm details of the identification enclosed with the application.

- Photocopy of patient’s or client’s current photo driver’s licence or current passport.
- Authorisation to act on behalf of a person that lacks capacity – if required.

WARNING: it is a criminal offence to make false or misleading statements in order to obtain information.

Please return this form and the enclosures to:

(a) For patients of The Practice Group Surgeries, return them to the Surgery you are registered with, for the Attention of the Practice Manager, or scan the form and enclosures and email them to dpo@thepracticegroup.co.uk *

(b) For patients and clients of The Practice Services return them to:

**The Data Protection Officer
The Practice Group
Rose House, Bell Lane Office Village
Little Chalfont
Amersham HP6 6FA.**

Or scan the form and enclosures and email to: dpo@thepracticegroup.co.uk *

***Documents received by email to the DPO will be forwarded to the Manager of the Surgery or Service that they relate to.**