

WAREHAM SURGERY

SUBJECT ACCESS REQUEST FORM

You will appreciate that health data relating to any individual is highly confidential and the Practice must ensure that it releases such data only to the person to whom it relates, or to a person authorised to act on his or her behalf. If you require to see any health data, please complete this Request Form as fully and accurately as possible to enable us to locate the exact information you require.

The General Data Protection Regulations (GDPR) gives you the statutory right of access to any information, manual (paper) or computerised. You may wish to authorise someone else to make your application on your behalf and if you have parental responsibilities, you may make an application to see your child's notes, if they are under the age of twelve years.

You do not have to give a reason for applying for access to your General Practice records. If you do not need access to your entire records, it would be helpful if you would inform us of the periods and area of your health records that you require, along with details which you feel may have relevance (e.g. clinic type, location, dates).

Timescale

The Practice will deal with your request as quickly as possible. If you request copies of all or part of your medical record, these will be ready within the allocated timescales specified by the Regulations (which is currently 28 days from receipt of your accurately completed form and confirmation of consent), and we will telephone you when they are available for you to come to the Practice to collect them. Under certain circumstances, this period can be extended to 3 months, but we will keep you informed of the progress of your request during this extended period.

Fees

We will not make a charge for the first request for access to your medical records. We may, however, charge for subsequent requests or if we deem that the volume of information requested is excessive. You have the right to simply view your records (i.e. not receive a copy in a permanent form); information on how to arrange this is detailed below.

Type of request

If you request to see the original records, you will be invited to make an appointment at a mutually convenient time to view them. If you request copies, these will be ready within the allocated timescales specified by the Regulations, and we will telephone you when they are available for you to come to the Practice to collect them.

Proof of identity

Two forms of identity must be provided (one of which must be photographic). This is to ensure information is not released to unauthorised individuals. The table below outlines the proof of identity we can accept.

TYPE OF APPLICATION	IDENTIFICATION REQUIRED
Patient applying for their own <i>Can be waived if the applicant is known to the Staff Member accepting the request</i>	One which must be photographic i.e. passport. One containing individuals name and address
Third Party Applying. <i>Consent of Patient will be required BEFORE the request will be processed</i>	One containing Third Party name and address One must be Photographic ID of Third Party
Applying on behalf of a child <i>We will ALWAYS obtain consent for release of records from a child age 12+ to <16 if a third party is making request</i>	One which must be Child's birth certificate Photographic ID of person with parental rights

If you are completing this application on behalf of another person, the Practice will require their authorisation before we can release the data to you. The person whose information is being requested should sign the relevant section within the online form. If the patient is a child (i.e. under 16 years of age) the application may be made by someone with parental responsibilities – in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application, his or her consent should be obtained or, alternatively, the child may submit an application on their own behalf. Children will, generally, be presumed to understand the nature of the application if aged between 13 and 16 however, all cases will be considered individually.

Subject Access Request Form

Applicant Details

First Name	Last Name
------------	-----------

I am requesting

- My own medical records
- The medical records of another adult
- The medical records of a child

Email
Date of birth DD/MM/YYYY
Preferred Phone number

Type of Request

I wish to request

- View Records
- Copy of Parts of Medical Records
- Partial Medical Records
- Full Medical Records
- Other (Please Specify)

Consent

Tick which applies

- I am the Patient
- I have been asked to act by the patient as detailed and who has signed the authorisation section
- I am the parent/guardian of a patient who is between the age of 12 years old and 16 years old who has signed the authorisation section
- I am the parent/guardian of a patient who is under 12 years old who is unable to understand the request

Signature of Applicant

Privacy Policy

This form collects your name, date of birth, email, other personal information and medical details. This is to confirm you are registered with the practice, to allow the practice team to contact you and also to update your medical records held by the practice and our partners in the NHS. Please read our Privacy Policy to discover how we protect and manage your submitted data.

Your consent

- I consent to the practice collecting and storing my data from this form.