

**SUBJECT ACCESS
REQUEST FORM**

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 records to be accessed
Surname:	Date of birth:
Forename(s):	Current Address:
Any former name(s):	
Telephone number:	Postcode:
NHS Number (if known/relevant):	Previous address (if applicable):

2.	Details of records to be accessed
<p>In order to locate the records you require please provide as much information as possible. Please list the dates you require copies of your records from and to and give as much information as possible to we can make the relevant data available to you</p>	
Records dated from	Any further information
/ / to / /	
/ / to / /	
/ / to / /	

3.	Details of applicant (complete if different to patient details)	
Full name		
Relationship with individual who's 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 patient if not making their own request)	
<p>I (print name) _____ hereby authorise Deddington Health Centre 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.</p> <p>Signature of patient: _____ Date: _____</p>		
5.	Declaration	
<p>I declare that the 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 a Subject Access Request.</p> <p>Please select one box below:</p> <p>I am the patient <input type="checkbox"/></p> <p>I have been asked to act on behalf of the patient and they have completed the authorisation in section 4 <input type="checkbox"/></p> <p>I am the parent/guardian of the patient under 16 years old who has completed the authorisation in section 4 <input type="checkbox"/></p> <p>I am the parent/guardian of a patient under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf <input type="checkbox"/></p> <p>I have been appointed the Guardian for the patient who is over 16 under a Guardianship order (please attach a copy) <input type="checkbox"/></p> <p>I am the deceased patient's representative and attach confirmation of my appointment. <input type="checkbox"/></p> <p>I have a claim arising from the patient's death and wish to access information relevant to my claim <input type="checkbox"/></p>		

Please note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so, ie, personal authority, court order, power of attorney, etc.
- It may be necessary to provide evidence of identity (ie driving licence)
- 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.
- Under the terms of the Data Protection Act, requests will be responded to within 30 days after receiving all necessary information and/or fee required to process the request.
- If you are making a request under Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 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 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 return this document to Deddington Health Centre, Earls Lane, Deddington, Banbury, Oxfordshire, OX15 0TQ.

FOR OFFICE USE ONLY:

Staff member processing SAR:

Documentation released to patient:

Date:.....

How was this sent: Email/collection/post

Staff member doing back up check (name):