Date of request …../…../….

|  |  |  |  |
| --- | --- | --- | --- |
| **I am the representative of the following individual and would like to make a Subject Access Request for their personal information.** | | | |
| Name of patient |  | | |
| Date of Birth |  | NHS Number  (if known) |  |
| Name of requestor |  | | |
| **Please provide the basis for applying on behalf of another individual:**  🞏 Authorisation from the patient - verbal or written *(please provide written authorisation)*  🞏 I hold Lasting Power of Attorney for the patient *(please provide documentation of this)*  🞏 I am appointed as an independent Mental Capacity Advocate on behalf of the patient  🞏 I have parental responsibility and the patient is under 16, and lacks capacity to understand the request  🞏 I have parental responsibility and the patient is under 16, and has consented to the request  ***Please note that the practice may contact you for further information and verification of the above.*** | | | |
| Please provide photo ID for the patient and the requestor | Passport □ Birth certificate □  Driving licence □ ID card □ | | |
| Signature of requester |  | | |
| Details of request | Copy of entire medical record □  Copy of specific parts of your medical record □  Please give details, e.g. between certain dates  or relating to a specific medical condition. | | |
| 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 | | |

Please send your completed form and photo ID to [reception.group@nhs.net](mailto:reception.group@nhs.net)

You might be contacted by the practice for further information, identity verification or clarification about the request, if needed. Your requests will be responded to within 1 month after receiving all necessary information required to process the request.