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 datesor 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

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.