

# Subject Access Request Application (Living Individuals)

## SECTION 1. PATIENT DETAILS

<b>Forename(s):</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>NHS Number (if known):</b>	
<b>Address / Postcode: Contact Number:</b>	
<b>Email Address:</b>	

If details were different when the above was known to the Practice, please provide them below:

<b>Forename/Surname:</b>	
<b>Address / Postcode:</b>	

## SECTION 2. DETAILS OF REQUESTOR (if different from the Patient)

<b>Forename(s):</b>	
<b>Surname:</b>	
<b>Address / Postcode:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	
<b>Relationship:</b>	

## SECTION 3. ACCESS How you would like to access the records? tick box ✓

I wish to <b>view</b> the records personally	
I wish to have a <b>copy</b> of the records posted to me	
I wish to have a <b>copy</b> of the records emailed to me	

## SECTION 4. PROOF OF IDENTITY

For us to process your application please provide two forms of your identity:

**1st form of identification** - please supply a photocopy of one of the following:

- Full driving licence
- Passport
- ID Card
- Birth or marriage certificate

**2nd form of identification** - please supply a photocopy of one of the following showing your current address (must be dated within the last 4 months):

- Bank Statement
- Council Tax bill or utility bill (within last 4 months)
- Benefit or Pension entitlement

## SECTION 5: PROOF OF RIGHT OF ACCESS (if you are making this request on behalf of someone else)

**Please note:** To access information that is not your own you will need to satisfy both sections 4 and 5

If you are representing the applicant in personal welfare decisions, please provide a photocopy of one of the following:

- Lasting Power of Attorney
- Court Appointed Deputy
- IMCA Appointment
- Childs Birth Certificate or Proof of Parental Responsibility

## SECTION 6: INFORMATION REQUESTED

**Please give full details of the information requested, including dates ranges:**

## SECTION 7: DECLARATION

### Applicant Declaration:

I declare that the information I have given is correct to the best of my knowledge and I am entitled to apply for access to these records under data protection legislation. I understand it is an offence to attempt to obtain information without authorisation.

I confirm I am providing **copies** of the following documents with my application: tick box ✓

x2 identification documents	
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**PRINT NAME:**

**Date:**

**Signature:**

### Patient authorisation for consent to release to their representative:

I hereby authorise Sefton Park Medical Centre to release any personal data relating to me to:

To the best of my knowledge, all of the information provided is correct.

**PRINT NAME:**

**Date:**

**Signature:**

## **IMPORTANT INFORMATION FOR APPLICANTS – PLEASE RETAIN**

A subject access request (SAR) is a request for information under Data Protection legislation made by, or on behalf of, an individual (data subject) to obtain personal information about them.

The request can be made verbally (written proof of identity will still be required), or in writing, and the Practice have a statutory timescale of 28 calendar days to respond.

For further information please visit the Information Commissioners Office (ICO) website at: <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/>

### **Applicants**

The following applicants have rights of access:

- The data subject (individual)
- A person authorised in writing to make the application on the data subject's behalf.
- A parent, where the data subject is a child (i.e. under the age of 16 years) unless the child is deemed capable of understanding the application and can therefore make an application personally or oppose application, or unless a health professional decides that parental access is not in the child's best interest.
- Where a data subject is incapable of managing his/her own affairs, any persons appointed by a Court to manage those affairs

### **Restrictions of Access**

Data Protection legislation gives right of access subject to the following restrictions, which are to be made at the discretion of the professionals concerned. There are no requirements to disclose the fact that information has been withheld:

- Where it is considered that access would disclose information likely to cause serious harm to the physical or mental health of the data subject or any other individual.
- Where access would lead to the disclosure of the identity of another individual who has not consented to the disclosure of the information, unless that individual is a health professional who has been involved in the care of the data subject.

**Please return this completed form and copies of your identification to:**

**Sefton Park Medical Centre  
Smithdown Road  
Liverpool  
L15 2LQ**

If you have not received an acknowledgement of your application within two weeks, please contact us on 0151 295 8700.