**THE**

**VILLAGE**

**SURGERY**

**Subject Access Request Form**

**I would like to make a Subject Access Request for my personal information.**

*You have the right to access your personal data and we have an obligation to respond to your request. Please appreciate however that our time is being taken away from providing care to patients when preparing your records, so please be as specific as you can as to exactly what it is that is required.*

|  |
| --- |
| Patient Name:  |
| DOB:  | NHS No.  |
| Date of request:  | Patient Signature:  |
| **Do you have secure online access to your electronic GP record?***This might easily provide you with all the information you seek, 24hrs a day, as well as the ability to make appointments and request medication. Please see reception or visit our website if you want to register* |
| **Please detail exactly what information you would like**. For example, between two dates, or relating to a particular medical condition, or hospital letters only:Details: **OR A copy of your Patient Summary***This includes all your past medical history, medication, allergies and immunisations* *To include all GP consultations if required* ***Yes / No*****OR Entire Medical Records***This includes the above plus all correspondence and, referral letters* *(this request can take up to* ***one month*** *to prepare and check)* |
| Copies will be provided in paper form for you to collect from the Surgery (***Photo ID will be required***).   |
| Please note that you might be contacted by the Practice for further information, or clarification about the request, if needed. |
| It is our Practice Policy only to give medical records directly to the data subject of the request.Please note we have up to one calendar month to prepare your request. Once we are clear exactly what is required, an extension may be required if your medical records are extensive or if repeated requests are made. |
| Any questions? Ask a member of our GDPR Team – Dr Anna Whiteford, Dr Sheetal Purohit or our Practice Manager Anita Mixides |

**PLEASE NOTE THAT PHOTO ID WILL BE REQUIRED FOR ALL PATIENTS WHEN COLLECTING THEIR RECORDS**

 Date Received: …………………………….