

Larwood Health Partnership

Subject Access Request Form

The Data Protection Act 1998 provides you ("the Data Subject") with the right to receive a copy of the personal data we hold about you.

This form is used to confirm your identity and to assist us in locating your personal data. This form can also be used to confirm the identity and authority of someone making the request on behalf of the Data Subject.

Your request will be processed within one month of receipt by us of such information we may reasonably require to satisfy ourselves as to your identity and to locate the information sought. The team dealing with your request are the Insurance Team at Larwood Surgery or Nicola Rose if a patient at Westwood Surgery. If you need any help completing this form, please contact them on your usual surgery telephone number.

Section 1: Who is the Data Subject?

Full Name:

Date of birth:

Address:

Previous address (if at the above address for less than two years):

Telephone number:

Email:

Section 2: Details of the person requesting the information

Are you the Data Subject? Yes/No (please circle)

If you answered "yes" go straight to section 3. Otherwise, please provide the following information:

Your full name:

Date of birth:

Address:

Telephone number:

Email:

Relationship to Data Subject:

If you are NOT the Data Subject, you must supply documentary evidence* to confirm the Data Subject's authority which supports this request eg. the Data Subject's written authority, lasting power or attorney or have parental responsibility for the Data Subject where the Data Subject does not have the capacity to make decisions for themselves.

***Section 3: What documents you must send or produce to confirm the identity and address of the Data Subject**

You must confirm the identity of the Data Subject by sending us a copy* of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed.

- Full valid photo driving licence
- Birth certificate or certificate of registry of birth or adoption certificate
- Full valid current passport
- ID card issued by a member state of the EEA
- Travel documents issued by the Home Office
- Certificate of Naturalisation or Registration
- Home Office Standard Acknowledgement letter

If the Data Subject's name is now different from that shown on the document you submit to confirm his/her identity, you must also supply documentary evidence* to confirm the Data Subject's change of name eg marriage certificate, decree absolute, change of name deed.

You must also confirm the address of the Data Subject by sending us a copy* of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed.

- Gas, electricity, water or telephone bill in the Data Subject's name for the last quarter
- Council tax demand in the Data Subject's name for the current financial year
- Bank, building society or credit card statement in the Data Subject's name for the last quarter

Section 4: Details of the Personal Data we process that you would like a copy of

Please provide details below of the information you would like a copy of:

Please provide the dates of the information you are looking for:

From:

To:

Please provide any further information you feel may be of benefit in assisting with your request:

We would prefer to email the requested information through to you therefore please provide your email address _____ . If you are requesting information recorded prior to the year 2000 we may need to post this to you.

Section 5: Declaration

I confirm this is all of the personal data to which I am requesting access. I also confirm that I am either the Data Subject, or am acting on their behalf. I am aware that it is an offence to unlawfully obtain such personal data eg by impersonating the Data Subject.

I certify that the information given in this form is true. I understand that it is necessary for Larwood Health Partnership to confirm my/the Data Subject's identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

Signed:

Date:

Print name:

Either email this form along with copies of the documents to basccg.larwoodsurgery@nhs.net or post/hand deliver to your nearest practice.

How would you like us to inform you when the copies of your personal data are ready to collect:
(Please tick and provide the details of your preferred method of contact)

Email

Message through SystmOnLine

Phone

Please note that this Subject Access Request Form will be scanned on to your medical records (if you are a patient and requesting information contained within your medical records) or stored in your personnel file (if you are a staff member).

If, once you have received the information, you have any questions then please contact either Nicola Rose if you are a patient at Westwood or the Insurance Team if a patient at any of our other sites (either through the basccg.larwoodsurgery@nhs.net or by phone) who may then request the advice of our Data Protection Officer, Liz Driver.

To be completed at the Practice

Received by: _____ (receptionist) Date: _____

Normal base: _____