Subject Access Request Form

The personal information collected from you throughout this form is required in order for your request to be processed without delay. This personal information will only be used in connection with the processing of this Subject Access Request form.



Charges Payable: In accordance with current legislation, no fee will be charged for your request, unless the request is manifestly unfounded or excessive; and particularly if it is repetitive (if this is found to be the case, we will contact you prior to any action being taken, to inform you of the details of our reasonable administrative charges in order to continue to comply with your request).

- ✓ I confirm that I have provided <u>TWO proof of identification documents along with this form</u>
- ✓ I confirm that 1 is photographic ID & 1 confirms both my name & my address. Eg. Passport & Utility bill

PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests			
Section 1	Details of Patient Record to be Accessed (Please complete ONE form per person)		
Surname:	Date of Birth:		
Forename(s):	Current Address:		
Any former names: (If Applicable)	Postcode:		
Tel/Mobile Number:	Previous Address: (If Applicable)		
NHS Number (If known):	Postcode:		
If further details are available/relevant, plo	ease include them in a separate covering note & attach to this form		
Section 2	Details of Records to be Accessed		
In order to locate the records you require, p	olease provide as much information as possible.		
Please list the exact information or service(s) which you require access to		
Records dated from:	Specific Information required or Services accessed:		
/ / to / /			
/ / to / /			

Section 3	Details of Applicant*	*(Only to be completed if different to patient's details already entered)
Full Name:		
Address:		
Relationship to patient:	L 10 - 10 y 120 1	Company of the Compan
Address* * (to send our response to):	Postcode:	Tel:
Section 4		tient - to release to Applicant e patient, if not making their own access
(Patient Name) (PLEASE TICK ONE BOX BELOW ONLY)* I, the undersigned, confirm that I hereby authorise the practice to provide access to my personal/confidential data – to the Applicant (as outlined above in Section 3); who is acting on my behalf, for the following purpose: > Access to my: ENTIRE confidential medical record (from birth to present date)		
Signature of Patient:	Date: / /	
Section 5	Declaration & Proof of	Identity Documentation

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the medical record referred to above, under the terms of the General Data Protection Regulation (GDPR), Access to Health Records Act (1990) and the current Data Protection Act. PLEASE SELECT ONE BOX BELOW: ☐ I am the patient (data subject) ☐ I have been authorised to act on behalf of the data subject and they have completed and signed Section 4:-Authorisation I am the parent/guardian of the data subject, who is aged under 13 years old I am the parent/guardian of the data subject, who is aged 13 years or above and they have completed and signed Section 4: -Authorisation Subject Access Request (SAR) - Additional Processing Information Purpose of processing: In response to a Subject Access Request (SAR) Date received by practice: Other ()* Written () Verbally () Method SAR received by practice: *(please state below) (Please tick the correct method) Categories of personal data being processed: Personal Data Special Category Personal Data (medical records are included in the ICO definition of Special Category Personal Data) The recipients/categories of recipients: Data subject (the patient) Data subject representative (person acting on behalf of the patient, who must have explicit patient consent for this purpose) **Retention Periods:** SAR and Disclosure Correspondence -3 years SAR where there has been an appeal -6 years GP records used to compile SAR response - 100 years If a patient registers with another GP, the medical records are transferred to the new healthcare provider electronically via the GP2GP function; following which the Lloyd George (paper) records are

requested by, and forwarded to, Primary Care Support England (PCSE); via their data-tracked courier

service.

If has not registered elsewhere –

10 years after death (held by PCSE)

Rights of Rectification, Restriction, Objection and where applicable Erasure:

You have the right to access the data that is being shared and to request (in writing) the correction of any areas which you feel are inaccurate. There is no right to have accurate medical records deleted, except when ordered by a court of Law.

The Right to Complain

You can make a formal or informal complaint to the practice by following the NHS/Practice Complaints Procedure (Complaints or Feedback forms are available at reception); or you have the right to complain to the Information Commissioner's Office; via their helpline: 0303 123 1113 – or you can visit their website: www.ico.org.uk

The right to know more about the source: (if not the Data Subject/Patient)

Any questions regarding the content of information within the SAR response should be addressed to:

Dr Pipir Khan
 General Practioner /Caldicott Guardian)

Dr Khan's Practice Clayton Health Centre 89 North Road Clayton Manchester M11 4EJ

Email: <u>NMCCG-mazhari.khan@nhs.net</u>

A response must be provided within 28 days (one calendar month).

The existence of the logic behind, and the consequences of, any automated processing:

A response to a Subject Access Request (SAR) is not an automated process; it is handled fairly and lawfully by a Nominated Individual at the practice.

The content of medical records within the SAR response however, may include data which has been part of an automated process, such as prevalence, risk stratification or data quality assessment.