

Subject Access Request

DATE:

Section 1: Details of the person this request is about (the 'Subject')

<i>Title</i>	
<i>Surname</i>	
<i>First Name</i>	
<i>Former Surname</i>	
<i>Date of Birth</i>	
<i>Gender</i>	
<i>NHS Number (if known)</i>	
<i>Contact Number (day)</i>	
<i>Email Address</i>	
<i>Home Address (inc. postcode)</i>	
<i>Purpose of this request***</i>	
<i>Must be completed</i>	

FULL MEDICAL RECORDS

PARTIAL MEDICAL RECORDS, SPECIFY DATES

PLEASE READ:

*****Please note, we cannot go through your full records to pick out specific information, certain medical conditions, investigations, etc.***** practice has one month to reply to your request. If your request is unclear, we may stop the clock until you explain what information you are looking for*****

Section 2: where you would like the copies of your information to be sent

Our preferred method of delivery is via email.

Please tell us where you would like your information sent (*please select one option*):

- I am the Data Subject and would like my information sent to my email address given in Section 1. (**** may not be possible if requested records are quite extensive)
- I would like to collect the records from the GP Practice.

Section 3: Declaration:

Signature: Date:

Print Name:

I confirm that this request is not for the purpose of intended action against Selsdon Park Medical Practice

