


Subject Access Request Form

<p>Thornhills Medical Practice respects the rights of individuals to have copies of their information wherever possible.</p>	
<p>Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.</p>	
<p>Charges Payable: In accordance with legislation no fee will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our "reasonable administrative charges" in order to comply with your request.</p>	
<p>Proof of identity / Evidence - Before we can release any information we will need to verify proof of ID of the Data Subject and/or the Data Subjects representative and supporting documentation as per the list in Section 6</p>	

PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.

1.	Details of Patient / Clients (the data subject) records to be accessed (Please complete one form per person)										
Surname					Date of Birth						
Forename(s)					Current Address						
Any former names (If Applicable)											
Telephone Number					Previous Address (If Applicable)						
NHS Number (If known/relevant)											
										Full Postcode	
If further details are available please include in a separate covering note.											

2.	Details of Records to be Accessed										
In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from: i.e. (Continue on a separate sheet if required).											
Records dated from					Department or services accessed						
/ / to / /											
/ / to / /											
/ / to / /											

3.	Details of applicant (Complete if different to patients/clients (the data subject) details)										
Full Name											
Company (if Applicable)											
Relationship with individual who's records have been requested											
Address to which a reply should be sent					Postcode: _____ Tel: _____						

4.	Authorisation to release to applicant (to be completed by the patients/clients (the data subject) if not making their own request)
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I (**Print name**) _____ hereby authorise Thornhills Medical Practice to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.

Signature of patient/client (data subject): _____ **Date** _____

5.	Declaration
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I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.

Please select one box below:

- I am the individual (data subject).
- I have been asked to act on behalf of the data subject and they have completed section 4 - authorisation above.
- I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).
- I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)
- I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.
- I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).
- I am the deceased patient/client's personal representative and attach confirmation of my appointment.
- I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, Subject Access Requests will be responded to within 30 days after receiving all necessary information and/or fee required to process the request.
- If you are making a request under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient/client's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

Print Name		Signed (Applicant)		Date	
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6	Proof of Identity / Evidence. You will need to bring this information in person to the surgery for verification prior to us releasing any information.	
	Type of applicant	Type of documentation
A	An individual (the data subject) applying for his/her own records	One copy of identity required ,e.g. copy of birth certificate, passport, driving licence, AND one copy of a utility bill or medical card, bank statement
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity And one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child AND copy of correspondence addressed to person with parental responsibility relating to the patient
D	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent AND proof of the patient's identity (see examples in 'A' above)

Please complete and return this document to: Thornhills Medical Practice

FOR PRACTICE USE ONLY

Type of applicant (tick <u>one box</u> only)	List documents verified: (refer to <u>section 6</u> above for details)
<input type="checkbox"/> An individual (the data subject) applying for his/her own records	
<input type="checkbox"/> Someone applying on behalf of an individual (Representative)	
<input type="checkbox"/> Person with parental responsibility applying on behalf of a child	
<input type="checkbox"/> Power of Attorney/Agent applying on behalf of an individual	
Verified by :	
Staff Name:	Date: