

**Subject Access Request Form for Proxy Access**

The Practice respects the rights of individuals to have copies of their information wherever possible.

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| **Details of Patient** | |
| **Title** | Mr Mrs Miss Ms |
| **Surname** |  |
| **Forename(s)** |  |
| **Any former Names**  **(If Applicable)**  **E.g. Maiden Name** |  |
| **Date of Birth** |  |
| **NHS Number (If Known/Relevant)** |  |
| **Current Address**  **Postcode** |  |
| **Home Number** |  |
| **Mobile Number** |  |
| **Email** |  |

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| **Authorisation to Release to Applicant**  (To be completed by the patient listed above to give access to another person) |
| **I (Patient above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Hereby authorise The Haven Practice to release my medical record which includes personal data they may hold relating to me to the person named below:   |  |  | | --- | --- | | **Name** |  | | **Contact Number** |  | | **Address**  **If Different to the Patient** |  |   **Signature of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** / / |

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.

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

Please note that you might be contacted by the Practice for further information, or clarification about the request.

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| **Record to be Accessed** |
| **The more specific you can be, the quicker we can be to provide you with the records requested. Please fill in accordingly** |

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| ***Option 1:* Please provide me with a copy of all my electronic records held** |  |
| ***Option 2:* Please provide me with a copy of my electronic records between the dates specified** | **Start Date:**  **End Date:** |
| **Records Dated from** | **Name of Department or Services Accessed** |
| **/ / to / /**  **/ / to / /** |  |
| ***Option 3:* Please provide me with a copy of records relating to a specific condition or incident:(Or you can ask for access to just your consultations, documents, past medications etc.)** |  |
| ***Option 4:* Please provide me with a copy of all my electronic records and paper records held *(please be aware there may be a small admin fee for this service due to the excessive work required)*** |  |
| **Please select how you would like your subject access request once completed** | **Via**   * **Secure Email** * **Online Services (NHS/Patient Access App)** * **Print out to collect from the Surgery** |

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| **Declaration** |
| **Please Select One box Below:**  ❑ I am the patient (data subject).  ❑ I have been asked to act on behalf of the data subject and they have completed authorisation  ❑ I am acting on behalf of the data subject who is unable to complete the authorisation section above  ❑ 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 claim |

**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.
* 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.

**Please Complete & Send this Document to:**

[**Sxicb-bh.thehaven@nhs.net**](about:blank)

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