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| Park Practice respects the rights of individuals to have copies of their information wherever possible. | |
| **Personal information collected from you by way of 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. Please note that iGPR will be processing this SAR on behalf of Park Practice.** | **DPA_Padlock__blue_** |
| **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. If there is to be a charge, we will contact you before any further action is taken with details of our “reasonable administrative charges” in order to comply with your request. | |
| Park Practice’s Privacy Notices are available for viewing on our website and in our waiting room. | |

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| **PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests**  **By supplying this information, you are consenting to it being used to contact you regarding this request** | | | | | | | | | | | | | | | | | |
| **1.** | | **Details of patient/client/staff records to be accessed** (Please complete one form per person) | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | Date of Birth | | | |
| Forename(s) | | | | | | | | | | | | | | Current Address  Full Postcode | | | |
| Any former names (if applicable) | | | | | | | | | | | | | |
| Landline number  Mobile number | | | | | | | | | | | | | | Previous Address (If Applicable)  Full Postcode | | | |
| NHS Number (If known/relevant) | | | | | | | | | | | | | |
|  |  | |  | |  |  |  | |  |  | |  |  |
| email address | | | | | | | | | | | | | | | | | |
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| **2.** | | **Details of Records to be Accessed** | | | | | | | | | | | | | | | |
| In order to locate the records you require please tick/complete one of the following: | | | | | | | | | | | | | | | | | |
| Please provide me with a copy of all records held | | | | | | | |  | | | | | | | | | |
| Please provide me with a copy of records between the dates specified | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **3.** | | **Details of applicant** (Complete if different to patients/clients/staff members 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/staff memberif not making their own request) | | | | | | | | | | | | | | | |
| * **I (Print name)** hereby authorise Park 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/staff member **:** **Date:** / / | | | | | | | | | | | | | | | | | |
| **5.** | | **Declaration** | | | | | | | | | | | | | | | |
| 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. **I understand that this request cannot be commenced until I attend the surgery, in person, with two forms of identification** (i.e. one for identity: driving licence/passport/birth certificate, and one for address: utility bill).  **Please select one box below:**  ❑ I am the patient/client/staff member (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. * 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, 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** | / / |

**Please complete this document and attend the surgery in person with two forms of ID to:**

Park Practice, Eastbourne Park Primary Care Centre, Broadwater Way, Eastbourne BN22 9PQ

For practice use only:

🞎 Two forms of ID seen …………………..…..and………………………… Date: Initials:

🞎 All correspondence related to request attached and sent for scanning Date: Initials:

🞎 Check `enhanced review’ code. No code – process as normal. Code on record – check with own GP. Date: Initials:

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***Dear Patient,***

***Please detach and keep this information page.***

We use a processor, iGPR Technologies Limited (“iGPR”), to assist us with responding to report requests relating to patient data, such as subject access requests that are submitted to us (or that someone acting on your behalf submits to us) and report requests that insurers submit to us under the Access to Medical Records Act 1988 in relation to a life insurance policy that you hold or that you are applying for.

iGPR manages the reporting process for us by reviewing and responding to requests in accordance with our instructions and all applicable laws, including UK data protection laws.

The report will be sent to you for access by a secure download link; please read the instructions carefully.

Please note that the processing of subject access requests will be dealt with within one month of receipt of the request or within one month of receipt of ID confirmation if this not at the same time as the receipt of the request.

For any enquiries, please contact iGPR on 01527 570005 (option 2) between 9am and 5pm or via the contact form at [www.igpr.co.uk/contact](http://www.igpr.co.uk/contact)

Park Practice’s Privacy Notice is available on our website and in our waiting room (please ask at Reception).

**By signing your Subject Access Request Form, you are consenting to iGPR processing your request on behalf of Park Practice.**