

**Subject Access Request Form - Request for Access to Records**

The Hall Grove Group Practice (HGGP) respects the rights of individuals to have copies of their information wherever possible.

Charges Payable: In accordance with legislation **no fee** will be charged for your SAR 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.

PLEASE COMPLETE IN BLOCK CAPITALS**Illegible forms will delay the time taken to respond to requests.****1. Details of Patient/Staff members records to be accessed**

(Please complete one form per person)

Surname	Date of Birth										
Forename(s)	Current Address										
Any former names (If Applicable)	Full Postcode										
Telephone Number	Previous Address (If Applicable)										
NHS Number (If known/relevant)	Full Postcode										
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If further details are available, please include in a separate covering note.

2. Details of Records to be Accessed

I would like a copy of records between specific dates only (please give dates below)	☐
I would like a copy of records relating to a specific condition/specific incident only (please detail below)	☐

To locate the records you require please provide as much information as possible.
(Continue on a separate sheet if required).

Records dated from	Details
/ / to / /	
/ / to / /	



Further details: The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g., leg injury following a car accident)

3.	Details of applicant (Complete if different to patients/clients/staff members details)		
Full Name			
Company (if Applicable)			
Relationship with individual whose 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 member if not making their own request)		
I (Print name) _____ hereby authorise the Hall Grove Group 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) / UK Data Protection Act 2018.

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).

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 will be necessary to provide evidence of identity (i.e. Passport / 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.
- Subject Access requests will be responded to within one calendar month after receiving all necessary information and/or fee required to process the request.
- 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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Please complete and send this document to:

Hall Grove Group Practice

For the attention of – The SAR Administrator

20 Parkway,

Welwyn Garden City,

AL8 6HG