

# RIVERSIDE SURGERY



DRS WILLIAMS, SELBY, JOHNSTONE & WHERE

## **General Data Protection Regulation Medical Records Subject Access Request**

This form is to be used if you wish to obtain a copy of your medical records.

Please return your completed application form and proof of identity to:

Drs Williams, Selby, Johnstone, Where  
Riverside Surgery  
525 New Chester Road  
ROCK FERRY  
Birkenhead  
CH42 2AG

Please refer to the following notes for guidance when completing this form.

### **Applying for your own records**

Please complete the following sections:

1, 3A and B, 4

### **Making an application on behalf of a child**

Only an individual with parental responsibility, or a third party (eg solicitor) acting on their behalf can make a request on behalf of a child. If you have parental responsibility for a child in order to help us establish your relationship to the child, you must submit one or more of the following:

- Full birth certificate of the child
- Full marriage certificate of parents (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Residence order
- Court order assigning parental responsibility

If you have any queries regarding the completion of this form, please contact us on the number shown above.

**Section 1: Details of the person the request is about (data subject)**

In order to protect the privacy of the individual whom this request is about and in line with the requirements of the GDPR, Riverside Surgery are keen to ensure we locate the records and information only relating to the subject of this request. We would be grateful if you could supply the information outlined below.

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Former Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender (Male/Female): \_\_\_\_\_

NHS Number (if known) \_\_\_\_\_

Contact Telephone Number (day): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

If the above has been known by a different name or has lived at a different address during the period to which the information required relates, please give details below:

Name: \_\_\_\_\_ From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Name: \_\_\_\_\_ From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

**Section 2: Written authority if making an application on behalf of a child**

If you are acting on behalf of the Data Subject (i.e. the person to whom the information is about) written authority is required. Please complete the details below. Also, please state your relationship to the data subject (e.g. parent/guardian, solicitor, holder of power of attorney, etc.)

Your full name: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to the subject: \_\_\_\_\_

### **Section 3: Proof of Identity**

It will be necessary to confirm the identity of **all** parties included on this form. Please supply a photocopy of **one** document from section A and B, and if applying on behalf of a third party **all** relevant documents from section C with the application. One document needs to be photographic ID.

A. Confirmation of name<sup>1</sup>

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate

B. Confirmation of address

- Utility bill
- Bank statement
- Credit card statement
- Benefit book
- Pension book

C. Confirmation that a third party can access the records of the data subject

- Health and Welfare Lasting Power of Attorney
- Full birth certificate of child
- Full marriage certificate of parents (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Signed declaration from the Data Subject themselves
- Court of Protection Order appointing you as a personal deputy for the personal welfare of the data subject

I am providing the following types of identification, which are attached to this document.

A. Confirmation of name \_\_\_\_\_

B. Confirmation of address \_\_\_\_\_

C. Third Party confirmation \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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<sup>1</sup> Where there has been a change of name we will require evidence of the name for which the information is being sought e.g. a birth certificate will not be considered as evidence for searches on a married name.

#### **Section 4: Declaration**

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, all persons named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates or I am acting on behalf of the data subject and have enclosed the relevant authority as detailed in section 3.

#### **Data subject**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

#### **Person making a request of behalf of the data subject**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

#### **NOTE:**

#### **Insurers**

If an Insurance company make a patient request a SARS this will become a criminal offence under Clause 181 of the Data Protection Bill which is extending the offence of 'enforced subject access' to cover medical records.

If any GP at the Practice suspects that an insurer is doing this, it will be reported to the Information Commissioner's Office and the Association of British Insurers.

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#### **Your Checklist**

Is your contact information correct?

Have you enclosed acceptable identification?

Have you signed the form?

Have you completed all the relevant sections?