

Request for access to personal information (Subject Access Request)



Personal information collected from you by this form is required to enable your request to be appropriately processed. This personal information will only be used in connection with the processing of this Subject Access Request.

1. Are you the person about whom the personal information has been recorded? (*known legally as the Data Subject*) please tick the box that applies:

I am the Data Subject and enclose evidence of my identity e.g. photocopy of driving licence, birth certificate, passport, marriage certificate.

I am **NOT** the Data Subject, but am acting on their behalf as their personal representative. I have written authority, which I enclose and evidence of their identity e.g. photocopy of driving licence, birth certificate, passport, marriage certificate.

I am **NOT** the Data Subject, but I am acting on their behalf as their parent or legal guardian and enclose evidence of their identity e.g. photocopy of birth certificate, passport

2. Details of the Data Subject:

Surname:		First Name(s):	
Maiden Name:		Date of Birth:	
Tel No:		Patient No: (if known)	
Address & Post code:			

3. If you are **not the data subject please provide your contact details below:**

Surname:		First name(s):	
Address			
Post Code:		Tel No:	

4. Describe the specific information you are requesting: *please provide as much detail as possible, such as relevant dates, types of record (eg correspondence, medication, care plans and attach additional sheets if required).*

5. Declaration I declare that the information given by me is, to the best of my knowledge correct and that I am entitled to apply for access to the information referred to above, under the terms of the Data Protection Act 1998 and General Data Protection Regulations.

Signature:		Date:	
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