


Subject Access Request Form

<p>Crickhowell Group Practice respects the right of individuals to have copies of their information wherever possible. This can take up to 28 working days to complete.</p>
<p>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.</p> 
<p>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. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” to comply with your request.</p>

PART 1: Details of person who the information relates to:

Full name			
Maiden, previous, or other name			
Date of Birth		Daytime telephone no.	
Current Address			
	NHS No	Postcode	
Previous Address (if moved address within the past 6 months)			
		Postcode	

PART 2: Details of applicant (complete if you are NOT the person in Part 1)

Full name			
Daytime telephone no.			
Relationship to the Person in Part 1			
Current Address			
		Postcode	

PART 3: Details of records required

Please give detailed information of <u>exactly</u> what you require together with any other relevant information e.g., the record type, record location and period of records required.	
Reason for Request (although you are not obliged to provide this information, it will help us ensure we provide you with the correct information) –	
/ / to / /	
/ / to / /	
/ / to / /	
Personnel records (if the person in part 1 is, or has been an employee)	
Other (please specify)	
I would like photocopies	Yes / No
I would like to attend to view the original record	Yes / No

PART 4: Details of supporting documentation:

Please circle which of the following applies and provide copies of the relevant documentation with this application:	
a) I am the person in Part 1	Yes / No
b) I am the person acting on behalf of the person in part 1 who is an adult with capacity Please provide their written consent	Yes / No
c) I am the person acting on behalf of the person in part 1 who is an adult without capacity Please provide a copy of relevant Power of attorney/Court of Protection	Yes / No
d) I am the person with parental responsibility acting on behalf of a child under the age of 16 who understands the implications of subject access requests. Please send in a copy of proof of parental responsibility e.g., birth certificate/adoption papers Please note – if deemed necessary the child may be required to provide their written consent for you to access this information.	Yes / No

e) I am the person with parental responsibility acting on behalf of the person in part 1 who is a child under the age of 16 who does not understand the implications of subject access requests Please send in a copy of proof of parental responsibility e.g., birth certificate/adoption papers		Yes / No
f) Other - please specify:		Yes / No
Please bring proof of ID to the practice		
We do not need to take copies		
Driving license No		
Passport No		
Work ID badge No		
Other (please specify)		

PART 5 - Declaration (to be completed by the applicant):

I declare that the information given by me on this form is correct to the best of my knowledge and that I am entitled to apply for access to the records under the terms of the Data Protection Act 1998/ Access to Health Records Act 1990.

Signed Date

Consent (to be completed by the person in Part 1 if someone is acting on their behalf):

I hereby authorise Crickhowell Group Practice to release the records requested to

..... (Name of applicant in block letters Person in Part 2)

Signed (Person in Part 1 to sign & date)

Date.....

WHEN COMPLETE, THIS APPLICATION FORM AND SUPPORTING DOCUMENTATION SHOULD BE RETURNED TO:

**Crickhowell Group Practice
War Memorial Health Centre
Beaufort Street
Crickhowell
Tel No: 01873 810255**

For Office use only

Date Completed	
GP Authorisation – if required	
Date Collected	
Administrator	