

# Subject Access Request (SAR) Application under Data Protection Legislations for living patients and/or their legal Guardians

**Please read these notes carefully before you proceed with your application**

We will need proof of identity from you if you are the applicant and confirmation that you are the lawful representative of the applicant.

## The General Data Protection Regulations 2016 (GDPR) and Data Protection Act 2018

Allows an individual to access their own health records. This right can also be accessed by the individual or an authorised representative e.g. a legal Guardian or someone who is their nominated Power of Attorney for Health and Wellbeing.
<i>If you are requesting records concerning a patient who is deceased, please complete the form marked Access to Health Records of the deceased instead.</i>
We require the consent of the patient/applicant or evidence of your position and responsibilities as legal Guardian.
We may need your assistance and further information to locate and retrieve health records, for example details of the treatment received and by which service or specialty or department.

Health records can be provided in: <ul style="list-style-type: none"><li>• A password protected PDF securely emailed to you where the file size permits.</li><li>• Paper copy – a maximum of 100 pages (200 double-sided health record sheets))</li></ul>
Request for records are now free of charge. However if the practice believes your request to be manifestly unfounded or excessive we can: <ol style="list-style-type: none"><li>1. Request a “reasonable fee” to deal with the request based on the administrative costs of complying with the request; or</li><li>2. Refuse to deal with the request.</li></ol>
Please note if the request is for a medical report to be created, or for interpretation of information within a medical report/record, this will fall under the Access to Medical Report Act (AMRA) - as these both require new data to be created, which is out with the scope of the GDPR and Subject Access Requests. In these cases, a fee can be charged.
The Practice aim to process requests within one calendar month.  However, if your health record is deemed complex, a further two calendar months is allowed to fulfill the request; and in some cases, we may charge a fee to cover administrative expenses. There may also be situations where access to your medical records may be restricted or refused.

<b>Please return this completed form and identification to:</b>
<b>The Elms Medical Practice, Tilley Close, Rochester. ME3 9AE</b>
<b>For queries on how to complete the form contact: 01634 256650 and ask for the Practice manager</b>

**Please note** that in the event any of these situations does apply, you will be notified promptly with reasons.

### 1. Personal details (records to be accessed)

Surname: .....  
Forename(s): .....  
Date of Birth: .....(NB: persons aged 13+ with capacity must consent & sign section 5)  
NHS number: .....  
Address: .....  
.....  
Postcode: ..... Tel No: ..... Email: .....

If the name and/or address is different from the above, during the period(s) to which this application relates to, please give details below:

Previous ..... forename/surname  
.....

Previous address.....  
.....

### 2. Details of applicant (if you are not the patient shown above)

Surname: ..... Forename(s): .....  
.....  
Address: .....  
.....  
.....  
Postcode: ..... Tel No: ..... Email: .....  
.....  
Relationship to patient:

### 3. Information required

- I wish to **view** the health records with an appropriate member of staff via mutually agreed appointment.

I require copies of the health records in the following format:

- encrypted pdf (where file size permits the records to be emailed)
- paper

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**4. Please state the information you require - service, date(s) treatments (Providing the exact information required if possible will assist us in responding quickly to your request)**

**5. Identification**

If you are the patient and applicant you must provide copies of one Primary and one Secondary form of identification. (Please see below). If you are applying on behalf of the patient we will also require Primary and Secondary identification for you as well as the patient, for the full list see below

**NB:** if no photo ID is available please provide two forms of the Secondary identification.

Forms of Primary identification	Tick	Forms of Secondary identification (received within last 3 months)	Tick
Current passport		Council tax bill	
Driving license		Utility bill	
Birth certificate		Other bill or statement addressed to you	
<b>If patient lacks capacity</b>			
Enduring/Lasting Power of Attorney for Health and Welfare			
Evidence of appointment as Independent Mental Capacity Advocate			
<b>If child under 13</b>			
Birth certificate with parents name included		Child benefit letter	
Relevant legal certification of Guardianship			

**6. Declaration**

I understand it is an offence to attempt to obtain information relating to another person without lawful grounds to do so.

I declare that the information given on this form is correct to the best of my knowledge and I am entitled to apply for access to these health records under the GDPR.

Patient's Signature: .....Date:.....

Applicant's Signature(if not the patient)

.....Date:.....

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