Park Surgery

Subject Access Request (SAR) Form – Patient Records

DATA PROTECTION ACT 2018

# Section 1 – Applicant Details

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

☐ I am requesting access to my own records

☐ I am acting on behalf of the patient (please provide proof of authority – e.g., power of attorney, parental responsibility, signed consent).

# Section 2 – Information Requested

☐ Full medical record

☐ Records within a date range: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Specific information (please detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Format of access requested:

☐ Electronic copy (secure email)

☐ Paper copy

# Section 3 – Proof of Identity (Please attach copies)

• Photo ID (passport, driving licence, etc.)

• Proof of address (utility bill, bank statement – last 3 months)

# Section 4 – Declaration

I confirm that the information provided is accurate, and I am entitled to access the requested records.

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

# Section 5 – Practice Use Only

Date request received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity verified (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deadline (1 month from receipt): \_\_\_\_\_\_\_\_\_\_\_

Information provided on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method: ☐ Secure email ☐ CD ☐ Paper ☐ Viewing appointment

Completed by (staff name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_