**The Rise Group Practice**

**GDPR - Subject Access Request Form**

***Pass this form immediately to the practice manager***

**Applicant Details**

**Name: ……………………………………….**

**Date of Birth: ……………………………………….**

**Telephone Number: ……………………………………….**

**E Mail Address: ……………………………………….**

**Data Subject Details (if different from the Applicant)**

**Name: ……………………………………….**

**Date of Birth: ……………………………………….**

**Telephone Number: ……………………………………….**

**E Mail Address: ……………………………………….**

**Please give details as to the specific information you would like to review or, if you would like to review all information held, then please specify the dates you would like covered.**

**From (DD/MM/YYYY) ……………………………………….**

**To (DD/MM/YYYY) ……………………………………….**

**Preferred Method of Access**

**How would you like to access the information we hold (please tick as appropriate)**

* **Electronically held records – personal review at practice [ ]**
* **Electronically held records – authorised access from third party PC [ ]**
* **Electronically held records – download onto a storage device (applicant to supply) [ ]**
* **Historic paper records – personal review at practice [ ]**
* **Historic paper records – photocopy and post or collect\* [ ]**

***\*Please think carefully before choosing this option as it could entail significant unnecessary work for practice staff. Please be aware that most data we hold on patients has been stored electronically since the mid 1990’s and so would be covered by one of the first three options.***

***If you really do require photocopies of historic paper records, please help us by specifying the dates or matters you are particularly interested in.***

**Supporting Documents Required**

**Please supply the following supporting documents for the Data Subject:**

* **Driving license, passport or birth certificate**
* **Proof of address ie a utility bill or bank statement (no older than 3 months)**

**Additionally, if the Applicant is not the Data Subject then please also supply either a signed letter of authorisation from the data subject consenting that the applicant can access their personal medical information or a Lasting Power Attorney (property and financial affairs)**

 **Notes**

**The Rise Group Practice will normally respond to a Subject Access Request within one calendar month of receipt. This period will not commence until the Rise Group Practice is satisfied as to the identity and authority of the applicant.**

**The Rise Group Practice may seek further information from the applicant as to the specific information requested. Any request for clarification will suspend the one calendar month period until the required information is received.**

**Please return this completed Subject Access Request (SAR) Form and any requested documentation to the address below:**

**The Practice Manager**

**The Rise Group Practice**

**Hornsey Rise Health Centre**

**Hornsey Rise**

**London**

**N19 3YU**

rise.group@nhs.net