

APPLICATION FORM FOR SUBJECT ACCESS REQUEST

The Data Protection Act 2018/GDPR provide you as a data subject with the right to receive a copy of the data/information Greasby Group Practice holds about you. You can request for copies of information held about you or authorise a third party to request for information held about you.

Please complete the necessary section on this form if you wish to see the information the Practice holds about you and in order for the Practice to process your request, you will also need to provide proof of your identity.

Your request will be processed within 1 calendar month upon receipt of your application; including receipt of any further information the Practice may ask you to provide to enable the Practice to respond to your request. This may include, proof of identity, confirmation of your consent where request are made on your behalf by a third party and payment of a fees if required. A fee may be charged where the request is excessive, complex, manifestly unfounded or repetitive in nature in order to cover administrative costs.

Data Subject/Patient Details

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please complete section 2 on behalf of the data subject.

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other -
Surname/ Family Name:
First Name(s)/Forenames:
Date of Birth:
Address:
Post Code:
Telephone Number:
Email:
NHS Number (if known)
I am enclosing the following copies as proof of identity:
Birth Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> An official letter to my address <input type="checkbox"/>
If none of these are available please contact the practice manager for advice 0151 678 3000

Section 3: Request for Personal and Confidential Data (PCD)

In order to help the Practice process your request in a timely manner; please complete as much detail as possible.

Please provide me with a copy of all records relating to a specific treatment from
(i.e. December 2017 – January 2018):

Please provide me with a copy of records relating to the incident specified below from:
(i.e. Nov 2017-Dec 2017)

Please provide me with a copy of my consultation from (i.e. January 2017 – March 2018):

OTHER – Please provide me with

Please provide me with a copy of all records held:

Section 4: Data Subject/Third Party (authorised person) Declaration

Data Subject Declaration:

I declare that the information provided on this form is correct to the best of my knowledge and I am the person to whom it relates. I understand that Greasby Group Practice will take necessary steps to confirm proof of my identity/authority and it may be necessary to obtain further information from me in order to respond to this subject access request.

(Delete as appropriate) I hereby authorise _____ to act on my behalf and be granted access to the PCD requested in section 3 of this form.

Name:

Signature:

Date:

OR

Authorised person/Third Party – Declaration (if applicable):

I confirm that I am legally authorised to act on behalf of the data subject.

Greasby Group Practice will take necessary step to confirm proof of my identity/authority and it may be necessary to obtain further information in order to comply with this subject access request

Name:

Relationship with Data Subject:

Signature:

Date:

Please send your completed form and proof of identity to:

The Practice Manager, Greasby Group Practice, Greasby Road, Greasby, Wirral, CH49 3AT