



Data Protection Act 2018 Subject Access request (SAR) form



The General Data Protection Regulations state that you have a right to access personal information that Colton Mill and The Grange Medical Centre holds about you. There are three main areas of legislation that allow the right of the individual to request such personal information, and they are:

- The Data Protection Act 1998
- The Access to Health Records Act 1990
- The Medical Reports Act 1988

How do I requesting access the information you hold about me?

- All requests must be in writing to the Data Controller at Colton Mill and The Grange Medical Centre.
- Verbal requests can be accepted where the individual is unable to put the request in writing – this must be noted on the patient record.
- Proof of identity **MUST** be provided to satisfy the Data Controller and to enable them to locate the correct information.
- Requests made on behalf of another, the Data Controller must be satisfied that correct and adequate consent has been provided.
- The Data Controller needs to check whether the entire individual's health record information is required or just certain information.
- Where an information request has been previously fulfilled, the Data Controller does not have to honour the same request again unless a reasonable time-period has elapsed. It is up to the Data Controller to ascertain what constitutes as reasonable.

How long will it take to get my data?

- Requests for health records information will be recorded internally and processed within 30 days (unless under exceptional circumstances – the applicant must be informed where a longer period is required).

Will I have to pay to access my data?

We do not charge for subject access requests

Will you object or restrict any information?

The Data Controller has the right to object or restrict the use of your personal information for the following reasons:

- The information released may cause serious harm to the physical or mental health or condition of the individual or any other person.
- The disclosure would also reveal information relating to or provided by a third person who has not consented to that disclosure.

A reason for denial of information does not have to be given to the individual, but must be recorded.

Can I access information about my children?

- Parents will normally have parental responsibility for accessing the health records of their children
- The Data Controller will need to obtain consent of the child where necessary (16 and 17 year olds are seen as adults in relation to confidentiality, and their consent would be necessary).
- Children under 16 who have capacity and understanding for decision-making need to have their confidentiality respected.

Section 1 - Request information

Complete this form in **BLACK** in **BLOCK CAPITAL LETTERS** in the boxes

- I am the Data Subject (the person the information is about)
- I am acting on behalf of the Data Subject (representative)

If you are seeking information on behalf of someone who is unable to act for themselves, you must state your relationship with that person, what information you require and why it is required. The Data Controller will not disclose any information held about someone else without the data subject's written consent or an appropriate court order or power of attorney.

Section 2 – Consent and Evidence to release Information

Data Subject's written consent to disclose information requested on this form	<input type="checkbox"/>
A court order permitting release of the information requested on this form	<input type="checkbox"/>
Proof of identify for the Data Subject and proof of identity for myself	<input type="checkbox"/>
Relationship to the Data Subject is (Please state)	

Section 3- Data Subject Personal Details

Surname:		Forename(s):		Title:	
Date of Birth:		Contact number:			
Email Address:			NHS Number: (if known)		
Address:					

Section 4- Details of someone acting on behalf of the Data Subject detailed in Section 3

Surname:		Forename(s):		Title:	
Date of Birth:		Contact number:			
Email Address:					
Address:					

Section 5- Dates information required

Start date:		End Date:	
-------------	--	-----------	--

Section 6 – Details of information required (use additional sheet if required)

Please use the space before to provide us with any details about the information you are requesting.

Section 7 – Proof of the person detailed in section 3 (Data Subject)			
You need to have two documents			
Passport	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>
Utility bill	<input type="checkbox"/>	Other	<input type="checkbox"/>
Section 8 – Proof of the person detailed in section 4 (representative requesting information on behalf of Data Subject)			
You need to have two documents			
Passport	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>
Utility bill	<input type="checkbox"/>	Other	<input type="checkbox"/>
Section 9 – Declaration of the Data Subject (person named in section 3)			
By signing this form, you declare that the information supplied on this form is accurate and I am the person to whom it relates to. I understand that the Data Controller at Colton Mill and The Grange Medical Centre may require further information in order to comply with this request			
Signature of Appliant			Date
Name in CAPITALS			
Section 10 – Declaration of the representative (person named in section 4)			
By signing this form, you declare that the information supplied on this form is accurate and I am the representative of the person stated in section 3. I confirm that they have consented to the release of their information in section 9. I understand that the Data Controller at Colton Mill and The Grange Medical Centre may require further information in order to comply with this request			
Signature of Representative			Date
Name in CAPITALS			

Please bring the completed form with proof of identification as listed in section 8 and 9 to the following address.

Data Controller / Practice Manager
 Reception
 Colton Mill Medical Centre
 Stile Hill Way
 Leeds
 LS15 9JH

You will need to allow 30 days before collecting at the address above

Office use only

Proof of ID seen		Staff signature
Date form received		Date SAR processed by Data Controller