

Field House Medical Group

Subject Access Request Form

You should complete this form if you want us to supply you with a copy of any personal data we hold about you.

You are currently entitled to receive this information under the Data Protection Act 1998 (DPA) and will continue to be under the EU General Data Protection Regulation (GDPR), which comes into effect on 25 May 2018.

We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist.

We will endeavour to respond promptly and in any event within one month of the latest of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide to enable us to comply with your request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.

Details of the person requesting information

Full name:	
Address:	
Date of birth:	
Contact telephone number:	
Email address:	

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Are you the data subject?

YES: I am the data subject. I enclose proof of my identity (see below).

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. We will need to take a photocopy of one of both of the following:

- 1) Proof of Identity
Passport, photo driving licence, national identity card, birth certificate.

- 2) Proof of Address
Utility bill, bank statement, credit card statement (no more than 3 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1 year old).

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

What information are you seeking?

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require for example, operations, accidents, hospital attendances etc.

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Please note that if the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can let you see that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with section 8(2) of the DPA, not to provide you with copies of information requested if to do so would take “disproportionate effort”, or in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”. However we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

Declaration

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to Field House Medical Group is true. I understand that it is necessary for Field House Medical Group to confirm my / the data subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Once the data is handed over to me in person, I confirm that I am responsible for the confidentiality and security of the information.

If I choose to share my information with anyone else, this is at my own risk

If I see information in my record that is not about me, I will contact Field House Medical Group as soon as possible.

Print Name:	
Signature:	
Date:	