**Dr Malik Practice, Kent Elms health centre**

**DATA SUBJECT ACCESS REQUEST (DSAR) APPLICATION FORM**

**in accordance with the General Data Protection Regulation (GDPR)**

 Best practice recommendation in the GDPR is that, where possible, organisations should be able to provide remote access to a secure self-service system which would provide the individual with direct access to his or her information.

* If you wish to have electronic data subject access and is already registered for online services, please complete this form and bring in your proofs of identity to the surgery.
* If you wish to have electronic data subject access but have not registered for online services, you’d need to complete this DSAR form and the online services access form, bring along the necessary proofs of identity to the surgery.
* If you don’t have access to online services, we will provide the information in another media.

**This form must be completed in blue or black ink and signed in order for us to process your request.**

**Completed form should be returned to the practice in person with proof of identity as noted in in section 4A below**

**Section 1: Patient details**

 **Details of the person (Data Subject) this request is about**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Maiden name** |  |
| **Forename** |  |

|  |
| --- |
| **Title**  |
| **(i.e. Mr, Mrs, Ms, Dr)**  |

 |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone number** |  | **Postcode:** |  |
| **NHS number (if known)** |  | **Hospital number (if known)** |  |

**Section 2: Written authority to act on behalf of the person you are making the request for**

This section should only be completed if you are making the request on behalf of someone else.

If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Relationship with the Patient** |  |
| **Contact Number****(Day Time)** |  | **Contact Number****(Evening)** |  |
|  **Full Address including Post code** |  |

**Section 3 Record requested**

The more specific you can be, the easier it is for us to quickly provide you with the records

requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

|  |  |
| --- | --- |
| **Please provide me with a copy of records between the dates specified below:** |  |
| **Please provide me with a copy of records relating to the incident specified below:** |  |
| **Please provide me with a copy of records relating to the condition specified below:** |  |
| **Please provide me with a copy of all records held** |  |

**Section 4: Declaration of Data subject or Authorised Applicantand**

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 12, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 5.

I declare that the information given by me is correct to the best of my knowledge and that I

am entitled to apply for access to the health records referred to above under the terms of the

GDPR. Or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in section 5

Please tick:

 I am the patient

 I have been asked to act by the patient and attach the patient’s written authorisation

 I have full parental responsibility for the patient and the patient is under the age of 18

 and:

1. has consented to my making this request, or
2. is incapable of understanding the request (delete as appropriate)

 I have been appointed by the court to manage the patient’s affairs and attach a certified

 copy of the court order appointing me to do so

 I am acting *in loco parentis* and the patient is incapable of understanding the request

 I am the deceased person’s Personal Representative and attach confirmation of my

 appointment (Grant of Probate/Letters of Administration)

 I have written, and witnessed, consent from the deceased person’s Personal

 Representative and attach Proof of Appointment

 I have a claim arising from the person’s death and have attached details and evidence of this claim

**Patient (Data Subject)**

Signature: ………………………………………. Print Name: ………………………………………… Date: …………………….

**Person making a request on behalf of the data subject:**

Signature: ………………………………………. Print Name: ………………………………………… Date: …………………….

Signature: ………………………………………. Print Name: ………………………………………… Date: …………………….

**You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution**

**Section 5: Proof of identity**

Please indicate how proof of ID has been confirmed. Please select ‘A’ or ‘B’:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Method in which identity is****confirmed** | **Option taken** | **Documents attached****(Please do not send the Original Documents)** |
| A  | Attached copies of documents asnoted in section 5A below | Yes/No | If Yes, please indicate here which documents have been attached |
| B  | Countersignature (section 4B). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided) | Yes/No | Please indicate reason why this section was completed |

**5A – Evidence**

**Evidence of the patient’s and/or the patient’s representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:**

|  |  |  |
| --- | --- | --- |
|  | **Type of applicant** | **Type of documentation** |
| **A** | An individual applying for his/herown records | One copy of identity required,e.g. copy of birth certificate, UK/EEA passport, UK driving licence, plus one copy of a utility bill . |
| **B** | Someone applying on behalf of anindividual (Representative) | One item showing proof of the patient’s identity and one item showing proof of therepresentative’s identity (see examples in ‘**A’** above) |
| **C** | Person with parental responsibilityapplying on behalf of a child | Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient |
| **D** | Power of Attorney/Agent applying on behalf of an individual | Copy of a court order authorising Power of Attorney/Agent plus proof of the patient’s identity (see examples in ‘**A’** above) |

**Additional notes**

Before returning this form, please ensure that you have:

1. signed and dated this form

b) enclosed proof of your identity or alternatively confirmed your identity by a countersignature

c) enclosed documentation to support your request (if applying for another person’s records)

Incomplete applications will be returned; therefore please ensure you have the correct

documentation before returning the form.

**For Practice Use Only**

**Date Application Received: ---------------------------**