



Updated: April 2022  
Swanwood Partnership  
Applewood Surgery,  
Wickford Health Centre,  
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TEL: 01268 562444

## General Data Protection Regulations 2016 – Subject Access Request Form

**We recommend that Patient Online Access is an easy and up to date way of you accessing your health records here at the practice. If you prefer not to view your health record online, please follow information and instructions below.**

The General Data Protection Regulations (GDPR) 2016 provides you, the data subject, with a right to receive a copy of the data/information we hold about you. Please complete this form if you wish to see your data. You will also need to provide **proof of your identity**. Your request will be processed within 30 calendar days upon receipt of a **fully completed and signed form and proof of identity**.

### **Proof of identity: (REQUIRED)\***

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

### **Administration fee:**

If the request is considered to be “manifestly unfounded or excessive or would take disproportionate effort ( as per Article 12 of the GDPR)” we reserve the right to charge a fee. In most cases the standard Subject Access Request is free of charge as requested by the patient initially. Firstly our recommendation is that patients apply for Patient Access so they can view their records at any time, this is a dynamic record. Secondly our default to SAR is to provide this in electronic format to the patient, unless otherwise specifically requested. Any subsequent requests for the same information will incur a fee.

### **Section1: 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 fill in the details of the **data subject** below and not your own.*

<b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other –
<b>Surname/ Family Name:</b>
<b>First Name(s)/Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Post Code:</b>



## Section 2

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity **as well as** that of the data subject and proof of your right to act on their behalf. The default will always be to provide the data to the subject unless there is a legal basis not to.

<b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other – <input type="checkbox"/>
<b>Surname/ Family Name:</b>
<b>First Name(s)/Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Post Code:</b>
<b>Day Time Telephone Number (s)</b>

**Please provide proof of identity as detailed on page 1.**

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"/>
Staff verification of ID  ID seen   Name.....   Date.....

**What is your relationship to the data subject?** (e.g. parent, carer, legal representative)

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence

I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:

Letter of authority ☐ Lasting or Enduring Power of Attorney ☐

Evidence of parental responsibility ☐ Other (*give details*):

**Data Subject Declaration:**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Swanwood Partnership (applewood surgery) is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request. If this is a subsequent request for data, a fee will be charged.

**Name:**

**Signature:**

**Date:**

**OR**

**Authorised person – Declaration (if applicable):**

I confirm that I am legally authorised to act on behalf of the data subject. I understand that Swanwood Partnership (applewood surgery) is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

**Name:**

**Signature:**

**Date:**

Please note that patient notes can be seen via **Patient Access**

**By default**

After exhausting Patient Access, the information requested will be provided in electronic format and sent via secure email (some files may be too large to transmit electronically and we may have to supply in CD format).

**Please be specific if you require non-electronic record of your subject access request (SAR)**

Summary print of SAR. Collect the information in person ☐

Go through the information with a member of staff on site ☐

**Please return your form and come in with your proof of ID for verification so we can verify who you are as you are asking to use an email address rather than the information being collected. If you are collecting the data please bring ID with you.**