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| **Subject Access Request form**  **I would like to make a Subject Access Request for my personal information.**   |  |  | | --- | --- | | Name of patient |  | | Date of Birth |  | | NHS No (if known) |  | | Date of Request |  | | Do you want secure online access to your coded electronic GP record? **YES / NO**  This might easily provide you with all the information you seek, 24hrs a day, as well as the ability to make appointments, request medication and view pathology results. Ask at reception or visit our website. | | | Do you want a copy of your *entire* GP record? **YES / NO** | | | Details of request | If not your entire GP record, then please detail exactly what information you would like. For example, between two dates, or relating to a particular medical condition, or hospital letters only. | | **How would you like the information to be provided, if possible?** | Please indicate your preferred option:    □ Email – please supply an up to date secure email address  Email address:  □ Printed  □ Online access to my medical record  □ Other – please specify:  Please note, it may not always be possible to supply the information in your preferred format. | | Please note that you might be contacted by the practice for further information, or clarification about the request, if needed. Any questions? Please contact the Practice Manager or Practice Secretary | | |
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