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| **Subject Access Request form** **I would like to make a Subject Access Request for my personal information.**

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| 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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