

Carepoint Practice: Subject Access Request (SAR)

I would like to make a Subject Access Request for my Personal Information
 This applies to **copies** of my medical records, such as copies of notes, investigations or letters

1.	Patient Details	Name: Date of Birth: NHS Number:
2.	<input type="checkbox"/> Secure Online Access	Would you like Secure Online Access to your full electronic GP record? Please fill out Patient Online Access form (Speak to reception team)
3.	Information Required	Please include all information from the check list below relating to the SAR
	<input type="checkbox"/> What is required (results/letters) <input type="checkbox"/> Dates of information (month/year) <input type="checkbox"/> Relating to condition(s) (Which medical condition) <input type="checkbox"/> Hospital letter Please state which hospital & condition (s)	

- By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive
- You may be contacted by the practice for further information or for clarification about the request if needed. Certain data will be routinely redacted to comply with GDPR requirements
- In accordance with legislation a fee will only be charged for a request via a SAR if it is repetitive or excessive. Before any further action is taken we will contact you with details of our administrative charges.
- Where notes are complex and of a highly sensitive nature (Child Protection or Safeguarding entries, Court Orders, Power of Attorneys or Carer acting on behalf of a patient) then this can take longer than the 30 days processing time.
- Requests for insurance or claims purposes can be made by your Insurer or Solicitor via an Access to Medical Records (AMRA), and requests for Private Work must be made via a Private Work Request Form (both are chargeable)
- You enclose your signature on this form which authorises us to release copies of your medical notes, records & correspondence. You confirm that no action is contemplated against the GP Practice.
- I have provided photographic identification when submitting this form & collecting reports.**

I confirm I am the individual named above.	Full Name:
Signed	Date:

Office Use Only – Submission

	Initial	Date	Administration Notes
ID Provided:			Type of ID provided:
<i>Enter Code 'Computer Record Print' & include information in Q3.</i>			Confirm no previous/duplicate request
Consultation entries must be checked with partner. If >1 page, may take up to 28 days.			For redaction purposes.
Collected & ID provided			Please send form for scanning