

# Subject access request form

Data Protection Act 2018 and General Data Protection Regulation (GDPR)

## Section A: Details of the data subject (person to whom the information relates)

Title:	
Forenames:	
Surname	
Date of birth:	
Address (for correspondence):	
Telephone number:	
E-mail address:	

## Section B: Identification

Identity documentation may be required in order for us to process your request. Please provide us with a copy of either your passport or driving licence, and a copy of one utility bill showing your current residential address. Please complete the checklist below to indicate what you have enclosed with this form.

**Please Note** – The copy identity documentation will be shredded once we have verified your identity.

ID supplied	Tick
Copy of passport / driving licence	
Copy of utility bill/ other address documentation	

For practice use only:  
Date form received

**Section C: Details of person acting on behalf of the data subject**

<b>Title:</b>	
<b>Forenames:</b>	
<b>Surname</b>	
<b>Address (for correspondence):</b>	
<b>Telephone number:</b>	
<b>E-mail address:</b>	
<b>Relationship to data subject</b>	

To authorise another person to make this subject access request on your behalf, please sign the statement below.

I hereby give my authority for \_\_\_\_\_  
(full name of the person) to make a subject access request on my behalf under the Data Protection legislation to Symphony North Healthcare.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**NOTE:** The data subject must also sign the declaration in Section E.

Section C: Details of person acting on behalf of the data subject

*Please describe the information that you believe we hold and to which you are seeking access. If you can be specific about the information that you would like, it will assist us to locate it (if we hold it). If we require further details about the information that you are requesting, we will contact you.*

**Section E: Data subject declaration & consent**

I certify that the information given verbally or written is true.

I understand that Symphony North Healthcare may need to obtain further information in order to comply with this request.

I consent to the surgery using third party, Medi2Data, to complete my request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Please return this to:

Symphony North Healthcare

Love Lane

Burnham-On-Sea

TA8 1EU

When the SAR process is complete, the following section will need to be filled in.

**Section F: Data Collection / Patient Access / Electronic Postal**

The patient has requested to receive their SAR via Patient Access / Encrypted Email / Collection from the practice.

The SAR information has been made available to the patient as of

If the patient is collecting the SAR information:

I certify that I have collected the requested SAR information from Symphony North Healthcare on

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_