

Subject Access Request form

<p>I would like to make a Subject Access Request for my personal information.</p>	
Name of patient	
Date of Birth	
NHS Number (if known)	
Date of request	
<p>Do you want secure online access to your full electronic GP record? YES / NO</p> <p>This might easily provide you with all the information you seek, 24hrs a day, as well as the ability to make appointments and request medication. Ask at reception or visit our website.</p>	
<p>Do you want a copy of your <i>entire</i> GP record? YES / NO</p>	
Details of request	<p>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.</p>
How would you like the information to be provided, if possible?	<p>Please indicate your preferred option:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Email – please supply an up to date secure email address Email address: <input type="checkbox"/> Printed <input type="checkbox"/> Online access to my medical record <input type="checkbox"/> Other – please specify: <p>Please note, it may not always be possible to supply the information in your preferred format.</p>
<p>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 the Deputy Practice Manager.</p>	