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	
If you would like to view your records before we send them to a requesting third party or if you are requesting the medical records for yourself; we require a copy of your photo ID, either a passport or Driving licence. **Please Note** – The copy identity documentation will be shredded once we have verified your identity.	
ID supplied	**Please tick as appropriate**
Copy of passport / Driving licence	
I would like to view my medical records before they are sent to the requesting Third Party	
I am requesting a copy of my medical records for my own personal use.	

Section C: Details of person acting on behalf of the data subject	
Title:	
Forenames:	
Surname	
Address (for correspondence):	
Telephone number:	
E-mail address:	
Relationship to data subject	

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 Urban Village Medical Practice.

Signed: _____ **Date:** _____

Print name: _____

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

Section C: Details of information requested
Please give a brief description of what information you need, who has requested the information (if the requester is a third party) and why. 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
I certify that the information given on this form is true. I understand that Urban Village Medical Practice may need to obtain further information in order to comply with this request Signed: _____ Date: _____ Print name: _____