

## **Subject Access Request to Twyford Surgery**

You can use this form to ask for a copy of personal data that we hold about you, in line with the General Data Protection Regulations (GDPR), Chapter 3, Article 15 (Recitals 63 & 64).

You can also use this form to ask for a copy of the records on behalf of someone else, as long as you are legally allowed to act on their behalf. This includes:

- Making a request for a child
- Making a request for someone that you have power of attorney for.

**You should fill in all sections of the form that apply to you. Note that:**

- Section 1b should only be completed if you, or the person you are making the request for, is currently a patient at Twyford Surgery.
- Section 2 should only be completed if you are making the request on behalf of someone else.

### **Section 1: Details of the person this request is about (the 'Subject')**

Please tell us the details below about you, or the person you are applying on behalf of, so that we can check for the information we may hold:

<b><i>Title</i></b>	
<b><i>Surname</i></b>	
<b><i>First Name</i></b>	
<b><i>Former Surname</i></b>	
<b><i>Date of Birth</i></b>	
<b><i>Gender</i></b>	
<b><i>NHS Number (if known)</i></b>	
<b><i>Contact Number (day)</i></b>	
<b><i>Email Address</i></b>	
<b><i>Home Address (inc. postcode)</i></b>	

Getting as much information as possible helps us find the information you want. If the subject has been known by a different name or has lived at a different address during the time span of your enquiry, please give details below:

<b>Name:</b>	<b>From (date):</b>	<b>To (date):</b>
<b>Address (inc. postcode)</b>		
<b>Name:</b>	<b>From (date):</b>	<b>To (date):</b>
<b>Address (inc. postcode)</b>		

**Section 2: Written authority to act on behalf of the person you are making the request for**

This section should only be completed if you are making the request on behalf of someone else. If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

<b>Full Name</b>	
<b>Relationship with the subject</b>	
<b>Contact Number</b>	
<b>Email Address</b>	
<b>Address</b>	

**Section 3: What information do you require?**

Please tell us if you want information on:

Health and care data

A specific question

**Section 4: Helping us to find the information**

Please use the space below to provide further details that may help to locate your information. If you are looking for information to answer a specific question, please tell us about it here. Please supply as much detail as possible.

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We will need to see proof of your ID before we can provide you with the information requested.

**Section 5: Declaration**

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 3.

**Data Subject:**

Signature: ..... Date: .....

Print Name: .....

**Person making a request on behalf of the data subject:**

Signature: ..... Date: .....

Print Name: .....

**Your Checklist**

- Is your contact information correct?
- Have you enclosed acceptable identification?
- Have you signed the form?
- Have you completed all the relevant sections?