

Longfield Medical Centre

Princes Road
Maldon
CM9 5DF

Tel: 01621 876433



Dr L Brown
Dr J M Deasy
Dr V Patel
Dr S Dowler
Dr S Archibong
Dr A Lotlikar
Dr S Al-Juboori

www.longfieldmedicalcentre.nhs.uk

Mrs Samantha Young, Head of Operations

Subject Access Request

Timescale

Allow 30 working days for this application to be processed. If you have specific reasons for requiring data by a specific date please give details below:

Applicant Details

Title (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Title (please state):
Forename(s):		
Surname:		
Date of Birth (dd/mm/yyyy):/...../.....	
NHS Number:	

Current Address:	
Postcode	
Telephone No:	
Mobile No:	

Details of Information Required and any relevant dates

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Declaration

I declare that the information given is correct to the best of my knowledge, and I am the person to whom it relates.

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Signature of Applicant:	Date:
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Representative Details If different to applicant: i.e. Parent / Guardian of patient under 16 years or person collecting on behalf of above patient

Name of Representative:	
Address & Postcode:	
Telephone/Mobile No:	
Relationship to applicant:	

Authority to release information to a Representative

I hereby give my authority for the representative named above to collect the information requested.	
Signature:	Date:

THE DOCUMENT(S) SUPPLIED BY THE SURGERY WILL BE THE RESPONSIBILITY OF THE PATIENT/PATIENT'S REPRESENTATIVE AFTER LEAVING THE SURGERY PREMISES.

Documents collected by : Patient/Representative (Please circle)

Date collected:

Office Use Only:

Patient's proof of ID seen

Representative's proof of ID seen

Proof of ID checked by: