Longfield Medical Centre
01621 876433 longfieldmedicalcentre.nhs.uk

Subject Access Request

PHOTO ID MUST be seen of both the patient and their representative at the time of application. This must be seen in person only, at the practice, for appropriate verification. *We are unable to process the request if photo ID has not been verified.*

Surgery use Only:	Type of ID seen for PATIENT	Type of ID seen for PATIENT REP.	Date & Initials of staff member

Timescale:
Allow 1 month for this request to be processed. If you have specific reasons for requiring data by a specific date, please give details on page 2.

Please tick this box if this request is for **Private Medical or Insurance Purposes**.	

PATIENT Details

Title (please tick one):	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:
Forename(s):	
Surname:	
Date of Birth (dd/mm/yyyy):	……/……./……
NHS Number:	
Current Address:	
Postcode:	
Telephone/Mobile No:	
email:	

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 a 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:

REPRESENTATIVE Details if different to patient: e.g. parent/guardian of patient under 13/ immediate family or those who hold power of attorney.

Title (please tick one):	Mr ☐ Mrs ☐ Ms ☐ Other:
Forename(s):	
Surname:	
Date of Birth (dd/mm/yyyy):	……/……/…….……
NHS Number:	

REPRESENTATIVE Details if a solicitor:

Name of Solicitor:	
Contact Details (email):	

I hereby give authorisation to release information to a representative as detailed above: Signature of Applicant:	Date:

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

Documents collected by:…….
Patient/Representative (omit accordingly)

Date collected:…… Patients ID seen & Type: ☐ ……..

Representatives ID seen & Type: ☐ ……

ID Checked By: …….