Longfield Medical Centre
01621 876433 longfieldmedicalcentre.nhs.uk

Subject Access Request

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.

Proof of ID (preferably photo) will be required when collecting your requested paperwork.

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: ……