



Subject Access Request

IMPORTANT

As you have submitted a Subject Access Request or asked for a Medical Report to be produced, we must ask you to read the following information.

In order to provide prompt, accurate and comprehensive responses to these requests we have engaged iGPR to provide these services as our data processor.

iGPR are a national company used by the majority of large insurers when processing medical reports, and the system and service has been reviewed by our Information Governance Team.

As a result, we will pass your personal data through secure systems to iGPR in order to produce your response. We use the legal basis of public task in order to process this.

We do offer you an opt-out of this process. However, should you choose to do this, it may result in a delay to your response as our internal clinicians will have to produce this for you.

If you wish to opt out please email longfieldmc@nhs.net or call the surgery on 01621876433

A link will be provided by iGPR to your registered email address once your request has been completed, through this link you can download and print copies of your record. Alternatively, you can collect a paper copy, please state your preferred option below

Email ☐ *Will be sent to your verified email address* ☐ Collection

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 .	
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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: (please use a separate sheet if required)

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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:
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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:
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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: