Longfield Medical Centre

Tel: 01621 876433 www.longfieldmedicalcentre.nhs.uk

SUBJECT ACCESS REQUEST (SARS)

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 01621 876433 (Option 5) for the Admin Department.

Once your request has been completed, a link will be provided by iGPR to your registered and verified email address. 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 on record, ensure we have up to date information).*

☐ 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 the details on page 2 where indicated.

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

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

PATIENT Details

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

PATIENT Details Continued:

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 statement(s) in order to obtain personal information to which you are not entitled to, 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 ☐ Miss ☐ Ms ☐ Other:
Forname(s):	
Surname:	
Date of Birth (dd/mm/yyyy):	……./……./……
NHS Number:	

REPRESENTATIVE Details if a Solicitor:

Name of Solicitor:	
Company Name:	
Contact Details (email):	

I hereby give authorisation to the named representative as detailed on page 2 of this SARS Document: **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: **Print Name** **Signature** **I am the Patient / Representative (*omit accordingly)***	Date:

FOR LMC USE ONLY:

Date Collected:……..

Patients ID Seen and Type of ID ☐ ……..

Representatives IS Seen and Type of ID ☐ ……..

ID Checked By: ……..