Date of request …../…../….

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| --- | --- | --- | --- |
| **I would like to make a Subject Access Request for a copy of, or access to, my personal information.** | | | |
| Your name |  | | |
| Date of Birth |  | NHS number  (if known) |  |
| Type of photo ID you are providing e.g. passport/driving licence | Passport □ Birth certificate □  Driving licence □ ID card □ | | |
| Do you want:  **Online Access** | Online Access for Detailed Coded Data □  Including allergies, test results, immunisations and coded problems and procedures | | |
| Or:  **Copy of medical record**  *This is not online access* | Copy of entire medical record □  Copy of specific parts of your medical record □  Please give details, e.g. between certain dates  or relating to a specific medical condition. | | |
| If requesting a copy of your medical record, how would you like the information to be provided, if possible? | Please indicate your preferred option:  □ Email – please supply an up to date secure email address  Email address: …………………………………………………………………………..…  □ Printed | | |

Please send your completed form and photo ID to [reception.group@nhs.net](mailto:reception.group@nhs.net)

You might be contacted by the practice for further information, identity verification or clarification about the request, if needed. Your requests will be responded to within 1 month after receiving all necessary information required to process the request.