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 datesor 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

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.