

GDPR/Data Protection Act 1998 Subject Access Request Application

You can use this form to ask to see a copy of personal data that we hold about you in line with the General Data Protection Regulations (GDPR), Chapter 3 Article 15.

You can also use this form to ask to see the records on behalf of someone else, as long as you are legally allowed to act on their behalf.

This includes:

- Making a request for a child
- Making a request for someone that you have Power of Attorney (Health & Welfare) or Executor of.

Please hand in your completed application form to our Reception (bringing 2 relevant authorisation documents) or email to **S.C83026@nhs.net** (including scanned copies of the relevant documents).

Your Checklist

- | | |
|---|--------------------------|
| Is your contact information correct? | <input type="checkbox"/> |
| Have you enclosed acceptable identification? | <input type="checkbox"/> |
| Have you signed the form? | <input type="checkbox"/> |
| Have you completed all the relevant sections? | <input type="checkbox"/> |

Payment

As a Data Controller of personal information The Deepings Practice will not make a charge for dealing with a request for personal information under the GDPR regulations 2018. However, article 15 states that organisations may charge a reasonable fee if a request is unfounded, excessive or repetitive.

If you have any queries regarding the completion of this form, please contact us on 01778 579000.

APPLYING FOR YOUR OWN RECORDS

Please complete sections: 1, 3, 4, 5, 6 and 7

MAKING AN APPLICATION ON BEHALF OF THE DATA SUBJECT

Please complete all sections

MAKING AN APPLICATION ON BEHALF OF A CHILD

Only an individual with parental responsibility, or a third party (eg solicitor) acting on their behalf can make a request on behalf of a child. If you have parental responsibility for a child in order to help us establish your relationship to the child, you must submit one or more of the following:

- Full birth certificate of the child
- Full marriage certificate of parents (if details not shown on birth certificate)
- Full certificate of adoption
- Parental responsibility order
- Residence order
- Court order assigning parental responsibility

Section 1

Details of the person the request is about (data subject)

In order to protect the privacy of the individual whom this request is about and in line with the requirements of the GDPR regulation, the Deepings Practice is keen to ensure we locate the records and information only relating to the subject of this request. We would be grateful if you could supply the information outlined below.

Title: _____

Surname: _____

First Name: _____

Former Surname: _____

Date of Birth: _____

Gender (Male/Female) _____

NHS Number (if known) _____

Telephone Number (day): _____

Email Address: _____

Home Address: _____

Postcode: _____

If the above has been known by a different name or has lived at a different address during the period to which the information required relates, please give details below:

Name: _____

Address: _____

Postcode _____

Date: To: _____ From: _____

Section 2

Written Authority

If you are acting on behalf of the Data Subject (i.e. the person to whom the information is about) written authority is required. Please complete the details below. Also, please state your relationship to the data subject (e.g. parent/guardian, solicitor, holder of power of attorney, etc.)

Your full name _____

Your address _____

Post code _____

Contact telephone number _____

Email address _____

Relationship to the subject: _____

Section 3:

What information do you require?

Please detail here the information you require from The Deepings Practice:

Section 4:

Helping us to find the information

Please use the space below to provide further details that may help to locate the information you are seeking.

Please supply as much detail as possible such as:

Any other details you may feel have relevance e.g. relevant dates etc.

Section 5:

Information Provision

The Deepings Practice will make your records available in the surgery for collection. Please confirm who will pick these up. Alternatively they can be emailed to you.

I am the data subject and will collect my records from the GP surgery myself.

I am the data subject and would like my records to be emailed to me at:

(I accept that I do not have a secure email address and that this information could be intercepted by a third party).

I am acting on behalf of the data subject and will collect the records from the GP myself.

I am acting on behalf of the data subject and would like their records to be emailed to me at:

(I accept that I do not have a secure email address and that this information could be intercepted by a third party).

**Section 6:
Declaration**

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the **age of 12**, all persons named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates or I am acting on behalf of the data subject and have enclosed the relevant authority as detailed in section 3.

Data subject

Signature: _____ Date: _____

Print Name _____

Person making a request of behalf of the data subject

Signature: _____ Date: _____

Print Name _____

Section 7: Proof of Identity

It will be necessary to confirm the identity of **all** parties included on this form. Please supply a photocopy of **one** document from section A and B, and **all** relevant documents from section C with the application.

- A. Confirmation of name
- Full driving licence
 - Passport
 - Birth certificate
 - Marriage certificate
- B. Confirmation of address
- Utility bill
 - Bank statement
 - Credit card statement
 - Benefit book
 - Pension book
- C. Confirmation that a third party can access the records of the data subject
- Health and Welfare Lasting Power of Attorney
 - Full birth certificate of child
 - Full marriage certificate of parents (if details not shown on birth certificate)
 - Full certificate of adoption
 - Parental responsibility order
 - Signed declaration from the Data Subject themselves
 - Court of Protection Order appointing you as a personal deputy for the personal welfare of the data subject

I am providing the following types of identification, which are attached to this document.

- A. Confirmation of name _____
- B. Confirmation of address _____
- C. Third Party confirmation _____