

Subject Access Request Form

The Russell House Surgery respects the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.



Charges Payable: In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” in order to comply with your request.

PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.

1. Details of Patient/Clients/records to be accessed (Please complete one form per person)

Surname					Date of Birth				
Forename(s)					Current Address				
Any former names (If Applicable)					Full Postcode				
Telephone Number					Previous Address (If Applicable)				
NHS Number (If known/relevant)					Full Postcode				
If further details are available please include in a separate covering note.									

2. Details of Records to be Accessed

In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from.

Records dated from	Department or services accessed
/ / to / /	
/ / to / /	
/ / to / /	

Version	Date Published	Reviewed
2.0	May 2018	April 2023

3.	Details of applicant (Complete if different to patients/clients details)				
Full Name					
Company (if Applicable)					
Relationship with individual who's records have been requested					
Address to which a reply should be sent					
		Postcode:		Tel:	
4.	Authorisation to release to applicant (to be completed by the patients/clients if not making their own request)				
<p>I (Print name) hereby authorise the Russell House Surgery to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.</p> <p>Signature of patient/client: Date: / /</p>					
Please Note:					
<ul style="list-style-type: none"> ▪ If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc. ▪ It may be necessary to provide evidence of identity (i.e. Driving Licence). ▪ If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case. ▪ The Statutory timeframe to process requests is within one month of receipt of the request, and in any event without delay. In Accordance with Article 12 of the UK GDPR 2016. ▪ The period of compliance can be extended by a further two months where requests are determined to be 'complex' or 'numerous'. 					
Print Name		Signed (Applicant)		Date	/ /

Please complete and send this document to:

Email: russell.house@nhs.net

Address: Russell House Surgery, Business Hub, Wolverhampton Road, Codsall, Staffordshire, WV8 1PE

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