

## Subject Access Request (SARs)

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 allow up to 1 month for a reply**

Name:

Date of Birth:

Daytime telephone number:

Mobile telephone number:

Email:  
BY EMAIL

PLEASE ENSURE THIS IS COMPLETED CLEARLY AS RECORDS WILL NOW BE SENT

Have you registered for on-line access to your medical records: ☐ Yes ☐ No

Address:

**By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive.**

Required information (and any relevant dates):

Reason for request:

**By signing below, you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request.**

Print Name

Signed

Date