



# Teign Estuary Medical Group – Glendevon Medical Centre and Riverside Surgery

## GDPR Subject Access Request Form

The General Data Protection Regulations (GDPR) 2016 provides you, the data subject (the patient), with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide **proof of your identity**. Your request will be processed within 1 calendar month upon receipt of a completed form **and** proof of identity. Copies of medical records will be provided on an encrypted (password protected) CD-ROM or sent via secure encrypted email.

### Proof of identity:

We require proof of your identity before we can disclose personal data.

Proof of your identity should be an official photo document such as a driving license, passport or citizens card. If you do not have valid photographic ID, please provide two documents which have your name and address on; e.g. original bank statement, recent utility bill, council tax bill or letter from HMRC.

### Administration fee:

In most cases the Subject Access Request (SAR) is free of charge; however, we reserve the right, in accordance with section 8(2) of the DPA, not to provide you with copies of information requested if to do so would take “disproportionate effort”, or in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”, we may also charge a fee for repeat requests. However, we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

**Please fill in your details in the boxes below.**

<b>Title:</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
<b>Surname:</b>
<b>First Name(s):</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Preferred contact number:</b>



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**Reason for request:**

Please state a brief reason for this Subject Access Request.

**Personal Information:**

Please tell us what information you would like to be disclosed. **Please include approximate dates to and from.**

**Additional details:**

Please give additional details that you feel may be relevant to this request.

**Data Subject (Patient) Declaration:**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Teign Estuary Medical Group is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

**Name:****Signature:****Date:****To be completed by the Practice:**

Date form received:	Identification seen (please state type):
Initials of staff member:	Doctor allocated (Secretary only):