

PRIVATE AND CONFIDENTIAL

Llanishen court surgery,
Llanishen Court,
Llanishen,
Cardiff,
CF14 5YU
[Tel: 02920757025](tel:02920757025)
Email: Generaladmin.llanishen@wales.nhs.uk

Request for Access to Medical Records

General Data Protection Regulations 2016 – Subject Access Request Form

The General Data Protection Regulation (GDPR) 2016 provides you, the data subject, 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 30 calendar days upon receipt of a fully completed form and proof of identity.

Proof of identity:

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

Administration fee: There is no charge for Subject Access Requests.

Data Subject Request:

| | |
|--|--------------------------|
| 1- FULL MEDICAL HISTORY FROM BIRTH - (28 days) | <input type="checkbox"/> |
| or | |
| 2- FULL COMPUTER PRINTOUT - (2 weeks) | <input type="checkbox"/> |
| or | |
| 3- PATIENT SUMMAY PRINTOUT - (1 week) | <input type="checkbox"/> |
| or | |
| 4- MEDICAL NOTES FROM:UNTIL Date: - (<input type="checkbox"/> days) | |

(Please see time frame in brackets next to your medical history request.if you tick 2 or more this will be classed as FULL medical history and takes 28 days)

The surgery will use a secure email platform or patient portal to send the documents. please provide your email address below using clear block capital letters.

| |
|--|
| |
|--|

Details of the data subject

Section1

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

| | |
|---------------------------------|--|
| Title: | |
| Surname/ Family Name: | |
| First Name(s)/Forenames: | |
| Date of Birth: | |
| Address: | |
| Post Code: | |
| Previous Addresses: | |
| Post Code: | |
| Day Time Telephone | |

| | |
|---|--------------------------|
| I am enclosing the following copies as proof of identity: | |
| Birth certificate & an official letter to my address | <input type="checkbox"/> |
| Driving Licence | <input type="checkbox"/> |
| Passport | <input type="checkbox"/> |
| An official letter to my address | <input type="checkbox"/> |

Data Subject 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 Ofwat 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: |

Details of person acting on behalf of Data subject

Section 2

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject). If you are NOT the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

| | |
|---------------------------------|--|
| Title: | |
| Surname/ Family Name: | |
| First Name(s)/Forenames: | |
| Date of Birth: | |
| Address: | |
| Post Code: | |
| Previous Addresses: | |
| Post Code: | |
| Day Time Telephone | |

Please provide proof of identity as detailed on page 1.

| | |
|---|--------------------------|
| I am enclosing the following copies as proof of identity: | |
| Birth certificate & an official letter to my address | <input type="checkbox"/> |
| Driving Licence | <input type="checkbox"/> |
| Passport | <input type="checkbox"/> |
| An official letter to my address | <input type="checkbox"/> |

| |
|---|
| What is your relationship to the data subject? (e.g. parent, carer, legal representative) |
|---|

| | |
|---|--------------------------|
| I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject: | |
| Letter of authority | <input type="checkbox"/> |
| Lasting or Enduring Power of Attorney | <input type="checkbox"/> |
| Evidence of parental responsibility | <input type="checkbox"/> |
| Other (give details): | <input type="checkbox"/> |

Authorised person – Declaration (if applicable):

I confirm that I am legally authorised to act on behalf of the data subject. I understand that Ofwat 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: |

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.