

WIMBLEDON MEDICAL PRACTICE

Subject Access Request Form

Wimbledon Medical Practice 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. A copy will only be given once free of charge and then it is up to the patient to take copies from these.

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

1. Details of Patient records to be accessed	
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.	
Date Request was handed in/posted:	

2. Details of Records to be Accessed	
Records dated from	All notes or specify department etc.
/ / to / /	

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3.	Declaration				
<input type="checkbox"/> I am the patient Print Name: _____ Signed: _____ Date / /					
<input type="checkbox"/> I have Power of Attorney.					
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. ▪ Under the terms of the General Data Protection Regulations, requests will be responded to within 1 month after receiving all necessary information and/or fee required to process the request. ▪ Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed. 					
Print Name		Signed (Applicant)		Date	/ /

Please complete and send this document to:
MERCCG.wimbledonmedicalinfo@nhs.net

or

Practice Manager
 Wimbledon Medical Practice
 79 Pelham Road
 London SW19 1NX