# **Subject Access Request (SAR) – Request your Records**

You will appreciate that health data relating to any individual is highly confidential and the Practice must ensure that it releases such data only to the person to whom it relates, or to a person authorised to act on his/her behalf. Please complete this Request Form as fully and accurately as possible to enable us to locate the exact data you require.  If you do not need access to your entire records, it would be helpful if you would inform us of the periods and parts of your health records that you require, along with details which you may feel have relevance (e.g. Clinic type, location, dates)

**Proof of identity**

Two forms of identity must be provided (one of which must be photographic). This is to ensure no information is released to unauthorised individuals. The table below outlines the proof of identity required.

|  |  |
| --- | --- |
| **TYPE OF APPLICATION** | **IDENTIFICATION REQUIRED** |
| **Patient applying for their own***Can be waived if the applicant is known to the Staff Member accepting the request*. | One which must be photographic e.g.passport. One containing individualsname and address. |
| **Third Party Applying.***Consent of Patient will be required****BEFORE****the request will be**processed*. | One containing Third Party name andaddress. One must be Photographic IDof Third Party.   |
| **Applying on behalf of a child***In Scotland the age of consent is 12.**We will****ALWAYS****obtain consent for release of**records from a child age 12+ to <16 if a third party is making request*. | One which must be Child’s birth certificate, & Photographic ID of person with parental rights. |

If you are completing this application on behalf of another person, the Practice will require their authorisation before we can release the data to you. The person whose information is being requested should sign the relevant section within the form. If the patient is a child (i.e. under 16 years of age) the application may be made by someone with parental responsibilities – in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application, his/her consent should be obtained or, alternatively, the child may submit an application on their own behalf.  Children will, generally, be presumed to understand the nature of the application if aged between 12 and 16.  All cases will be considered individually.

**Top of Form**

**Subject Access Request Form**

**Applicant Details**

First Name

Last Name

I am requesting

 My own medical records

 The medical records of another adult

 The medical records of a child

Email

Date of birth

*Please use format day/month/year e.g. 12/05/1979*

Preferred Phone number

**Type of Request**

I wish to request

 View Records

 Copy of Parts of Medical Records

 Partial Medical Records

 Full Medical Records

 Other (Please Specify)

|  |
| --- |
|  |

**Consent**

Tick which applies

 I am the Patient

 I have been asked to act by the patient as detailed and who has signed the authorisation section

 I am the parent/guardian of a patient who is between the age of 12 years old and 16 years old who has signed the authorisation section

 I am the parent/guardian of a patient who is under 12 years old who is unable to understand the request

Signature of Applicant

|  |
| --- |
|  |

**Privacy Policy**

This form collects your name, date of birth, email, other personal information and medical details. This is to confirm you are registered with the Practice, to allow the Practice team to contact you and also to update your medical records held by the Practice and our partners in the NHS. Please read our [Privacy Policy](https://www.fmg.scot.nhs.uk/about-us/practice-policies/patient-record/how-we-use-your-data/privacy-policy/) to discover how we protect and manage your submitted data.

 I consent to the practice collecting and storing my data from this form.Bottom of Form