

Subject Access Request or Access To Medical Reports Act

Information Relating To Third Party Requests

(E.G. Solicitors, Insurance Companies, Employers etc.)

A third Party, including a legal representative, is entitled to make a Subject Access Request (SAR) on behalf of a patient. However please note, solicitors, insurers, employers etc. **are not** permitted to request a SAR to support an application that should be made under the Access to Medical Reports Act (AMRA), i.e. reports for employment and insurance purposes. This includes accident claims and insured negligence as well as mortgages and life insurance – anything covered by an insurance contract that requires a medical report. If this information is required to support an actual or potential insured claim then AMRA applies.

As the data controller it is our obligation to protect the rights of the data subject.

Please be aware that within the Data Protection Act 2018, ‘enforced subject access’ is now a criminal offence. If we suspect this is happening we have a duty to report the person/organisation responsible to the Information Commissioner’s Office and the Association of British Insurers.

With this in mind, please only complete this form if you are satisfied that you wish to make a Subject Access Request (SAR). Otherwise please send us your application under the Access to Medical Reports Act (AMRA).

Summer Hill & Rostrevor Surgeries

Subject Access Request (SAR) Form

Please complete this form if you want us to supply you with a copy of any personal data we hold about you. You are entitled to receive this information under the EU General Data Protection Regulation (GDPR). We will also provide you with information about processing of your personal data, and any rights to rectification, erasure, or restriction of processing that may exist.

We will endeavor to respond promptly, which will normally be within one month. However this can be extended to 3 months if the request is complex, and we will advise you if this is going to occur. Our reply timeframe starts from the latest of the following:

- Our receipt of your request; or
- Our receipt of any further information we may ask you to provide to comply with your request

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request, however completion of the form is the easiest and quickest way for us to process your request.

Section 1: Details of the person requesting information

Full Name	Former name(s)
Business Name (Third Party Requests Only)	Job Title (Third Party Requests Only)
Current Address	Former Address (optional)
Date Of Birth (Not required for third parties)	NHS number (if known)
Contact phone number (including area code)	E-mail address: (optional)

Section 2: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

Yes: I am the data subject, and enclose proof of my identity & address (see below).
(Please go to section 4)

No: I am acting on behalf of the data subject. I have enclosed the data subject's written authority (unless a child as outlined in see section 6), and proof of the data subject's identity and address. I have also enclosed proof of my own identity and address (see below).

(Please go to section 3)

Proof Of Identity & Address

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send originals) of one item from each of the following:

1) Proof Of Identity

Passport, photo driving licence, national identity card, birth certificate

2) Proof Of Address

Utility bill, bank statement, credit card statement, current TV licence, HMRC tax document – no more than 3 months old

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

Section 3: Details of the Data subject (If different from section 1)

Full Name	Former name(s)
Current Address	Former Address (with dates of change)
Date Of Birth	NHS number (if known)
Contact phone number (including area code)	E-mail address: (optional)

Section 4: What information are you seeking?

Please provide any relevant details you think will help us identify the information you require. For example, a certain period of time, or a specific document such as a hospital attendance etc.

In most cases we will be happy to provide you with copies of the information you request. However, within the General Data Protection Regulation (GDPR) legislation, we reserve the right to charge or refuse the request if it is ‘manifestly unfounded or excessive’.

Section 5: Are you requesting this information for a third party?

I.e. Is the information for a solicitor, insurance company, employer, or anyone else other than for personal use by the patient themselves.

Yes Please outline below who the third party is and the reason why they require this information?

No Go to section 6

Section 6: Declaration

Children Under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this declaration for themselves, but may wish a parent to countersign as well.

If a child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this form below.

Declaration

Please note that any attempt to mislead may result in prosecution.

I confirm that I have read and understand the terms of this subject access form and certify that the information given in this application is true. I understand that it is necessary for Summer Hill & Rostrevor Surgeries to confirm my / the data subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Please tick appropriate box below:

- I am the person detailed in section 1 of this form.
- I am the parent of the person detailed in section 1 of this form
- I am the guardian of the person detailed in section 1 of this form

Full Name in Block Capitals: _____

Signed: _____

Date: _____