Grove Medical Practice

SUBJECT ACCESS REQUEST FORM

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| **I would like to make a Subject Access Request for my personal information.** |
| Name of patient |  |
| Date of Birth |  | Signature |  |
| NHS Number: |  | Date of Request |  |
| Do you want secure online access to your full electronic GP record? **YES / NO**This might easily provide you with all the information you seek, 24hrs a day, as well as the ability to make appointments and request medication. Ask at Reception or visit our website. |
| Do you want a copy of your *entire* GP record? **YES / NO** |
| Details of request | If not your entire GP record, then please detail exactly what information you would like. For example, between two dates, or relating to a particular medical condition, or hospital letters only. |
| How would you like the information to be provided, if possible? | Please indicate your preferred option: Email – please supply an up to date secure email address[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] Email address: Printed Online access to my medical record Other – Please specify:[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]Please note, it may not always be possible to supply the information in your preferred format. |
| Please note that you might be contacted by the practice for further information, or clarification about the request, if needed. Any questions? Please contact the Practice Manager |