

**Mumbles Medical Practice**

**Subject Access Request Form**

By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive.

In accordance with legislation, no fee will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive.

You will be required to provide two forms of identification;

1. Photo ID
2. Confirmation of address

On completion of this form and the required forms of identification, your requested information will be ready for collection from The Mumbles Medical Practice one calendar month from the date the request was received by the practice.

**About yourself**

|  |  |  |
| --- | --- | --- |
| **Surname:** |  | |
| **Forename(s):** |  | |
| **Date of Birth:** |  | |
| **Address:** |  | |
| **NHS No:** |  | |
| **Home Tel:** | | **Mobile Tel:** |

**Required information**

|  |  |
| --- | --- |
| **I would like a copy of all medical records ☐** |  |
| **I would like a copy of records between specific dates only (please give date range) ☐** |  |
| **I would like a copy or records relating to a specific condition or specific incident only (please give full details) ☐** |  |

**Declaration**

**By signing below, you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members, without written consent from all parties.**

**I** ……………………………….…………………………………………………………….…………………… **certify that the information provided on this application to The Mumbles Medical Practice is true. I understand that it is necessary for the practice to confirm the data subject’s identity and that it may be necessary for the practice to request more details from me in order to process this request.**

**Signature:** …………………………………………………………………………………. **Date:** …………………………………………………………………

**Please return the completed form to:**

**Mumbles Medical Practice**

**10 West Cross Avenue**

**Norton**

**Swansea**

**SA3 5UA**

**FOR OFFICE USE ONLY**

**Date request received with ID documentation / /**

**Date request completed / /**