**Subject Access Request  
Wickham Surgery**

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| **I would like to make a Subject Access Request for my personal information.** | |
| Name of patient |  |
| DOB |  |
| Date of request |  |
|  | Do you want a copy of your *entire* GP record? 🞎 |
| 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 do you want the information to be provided? | Printed 🞎 *You will need to collect this from the Surgery and provide proof of ID*  Please allow one calendar month for processing from the date of your request |
| Please note that you might be contacted by the practice for further information, or clarification about the request, if needed.  Any questions? Contact our Data Protection Officer. | |
| Patient Signature:  Date: | |
| For staff: ID Seen and Description of ID ……………………………………………………………………………………. | |