

# Subject Access Request Form (SAR)



Request for access to Personal Data under the General Data Protection Regulation (GDPR) and Data Protection Acts 1988-2018

Please complete all parts of this form in full (in block capitals). No fee is chargeable for requests made to access medical files, unless exceptional circumstances apply, in which case you will be advised.

## Part 1 - Details of Data Subject (Your Details)

Please complete in block capitals, illegible forms will delay the time taken to respond to requests

Surname : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Forename : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Phone Number : \_\_\_\_\_ Email : \_\_\_\_\_

## Part 2 - Details of Records to be Accessed

In order to locate the records you require, please provide as much information as possible. Please tell us the relevant time period involved, particular report or incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part 3 - Declaration

In order to locate the records you require, please provide as much information as possible. Please tell us the relevant time period

\_\_\_\_\_  
**Signature of patient** **Date**

Please return the completed form to Kingsford Medical reception staff by post or email or hand-delivery.

Thank you for completing this form. Your request will be acknowledged in the next 7 working days and details issued within 30 calendar days of receipt.

### FOR OFFICE USE ONLY

Date of receipt \_\_\_\_\_ ID Verified \_\_\_\_\_  
(specify ID type)

Staff member \_\_\_\_\_