

# SHAY LANE MEDICAL CENTRE

## Data Subjects Rights – Subject Access request

<b>(1) Details of the subject whose records will be accessed</b>	
Surname	
Forenames	
Date of Birth	
Gender	
Address	
Telephone Number	
Email	

I, as the data subject, request a copy of information held by Shay Lane Medical Centre relating to:

<b>(2) In order to support the Practice in expediting your request and minimize cost incurred please specify details the purpose to allow us to target information held relating to you. (e.g. appointment booking / cancellation, test results, claim investigation, specific medical condition[s])<sup>i</sup></b>

<b>(3) Please detail the specific time period requested pertaining to the request<sup>ii</sup></b>

### PLEASE NOTE THAT PHOTOGRAPHIC ID MUST BE PRODUCED

<sup>i</sup> Subjects are entitled to receive a copy of all information held on them, subject to a redaction process removing any identifiable reference to third parties or content which may cause harm or distress.

<sup>ii</sup> Delay in responding to direct or third party Subject Access Requests may occur if explicit consent period is not provided; providing total access to the subject's data to a third party within the restraints of current legislation can be intrusive.

**FOR STAFF USE ONLY**

**ID Verification:** \_\_\_\_\_ (Type and Initials)

**Patient Access: YES / NO | SAR facilitated through Patient Access YES / NO**

**Date Request Received:** \_\_\_\_\_

**EMIS NUMBER:** \_\_\_\_\_

<b>(4) Staff Handling</b>	<b>Date</b>	<b>By</b>	<b>Duration<sup>iii</sup></b>
File Collation			
File Redaction			
Redaction Review			
File Encryption			
File Dispatch			
Practice Data Subjects Rights Notes for the Subject Annex I App 3 Given			
File Name (PDF)			

**STAFF NOTES / DIARY ENTRIES**

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