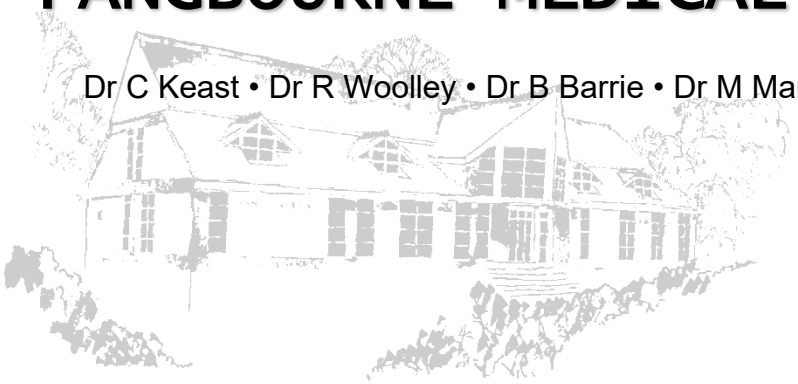
PANGBOURNE MEDICAL PRACTICE



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Request for Access to Health Records

Thank you for your request to have access to your health records. In order for us to meet your request we require:

- Completed SAR form (attached)
- Photographic identification*

Upon receipt of the above we are legally required to give you access within one month.

We have the right to refuse or charge for requests that are manifestly unfounded or excessive. If the decision is made to refuse a request we are obliged to inform you of this decision and why it has been made without undue delay and at the latest, within one month. We will contact you should a charge be warranted.

Pangbourne Medical Practice

*Suitable forms of identity are:
Passport
Driving License
Photo Identity Card
NHS card

Subject Access Request

Identity of individual about whom information is requested

Surname: _____

Forename(s): _____

Address: _____

_____

_____

Date of birth: _____

Signature of applicant: _____

Print name: _____ Date: _____

Please confirm in what capacity you have signed (please tick):

- ○ I am the patient
- ○ I am the legal parent / guardian of the patient who is under 16
- ○ I have authority to request on behalf of the patient for the following reason:

_____

Please give full details of what information you require access to, including date ranges, names of specific consultants / diagnosis etc.

_____

_____

_____

_____

Date from: _____Date to: _____

_ _

Staff use. ID type: _____ Checked by: _____