



Subject Access Request (SAR) Form

Request for Access to Health Records under the UK GDPR and Data Protection Act 2018

Section 1: Patient Details

Please provide details of the person whose records you are requesting access to.

Full Name: _____

Previous Name (if applicable): _____

Date of Birth: _____

NHS Number (if known): _____

Address: _____

Telephone Number: _____

Email Address: _____

Section 2: Requestor's Details (if different from the patient)

If you are requesting the records on behalf of the patient, please complete this section.

Your Full Name: _____

Relationship to the Patient: _____

Address: _____

Telephone Number: _____

Email Address: _____

Legal Basis for Making the Request on the Patient's Behalf

Please explain why you are making this request on behalf of the patient and provide appropriate supporting evidence (e.g., copy of Power of Attorney, proof of parental responsibility, legal authority, etc.):

- ☐ I am the parent or legal guardian of a child under 16 years old
- ☐ The patient has provided written consent for me to act on their behalf (please attach)
- ☐ The patient lacks the mental capacity to make this request due to illness or disability
- ☐ I am acting under a legal authority (e.g. Court of Protection order, Power of Attorney)
- ☐ Other – please specify: _____

Please attach any relevant supporting documentation.

Section 3: Information Requested

Please specify what information you require (e.g. specific dates, departments, or treatment episodes). This will help us process your request more efficiently.

- ☐ All records
- ☐ Specific information (please specify): _____

Section 4: Preferred Format

How would you like to receive the information?

- ☐ Electronic copy (email or secure download)
- ☐ Paper copy (collect in reception)
- ☐ View in person (by appointment)

Section 5: Identity Verification

Please provide one form of identification (one photographic and one showing your address), such as:

- Passport or driving licence

DISCLAIMER

Once health records have been provided to you via your chosen method (email, or in-person collection), it becomes your full responsibility to ensure safe keeping and

confidentiality of these records. Binfield Road Surgery accepts no liability for the loss, theft, or unauthorised access of the records after they have been handed over in accordance with your

request. We also use a secure third-party service, iGPR, to generate and complete Subject Access Requests. By submitting this form, you acknowledge and accept this process.

Section 6: Declaration & Disclaimer Acknowledgement

I declare that the information I have provided is accurate and that I am entitled to request access to the records described above under the UK General Data Protection Regulation and the Data Protection Act 2018.

I confirm that I have read and understood the above disclaimer, including the use of the third-party service iGPR for processing this request.

Signature: _____

Date: _____



Contact & Submission Details

Please return this completed form with copies of identification to:

LAMCCG.binfieldroad@nhs.net

If you have any questions or concerns regarding this request, please contact us via

Telephone: 0207 622 1424

Email: LAMCCG.binfieldroad@nhs.net.

We aim to respond to your request within one calendar month. If we require further information or clarification, we will contact you.