Grafton Road Surgery
Solihull Lodge, 11 Grafton Road, Shirley, Solihull, West Midlands, B90 1NG
0121 474 4686

Subject Access Request (SAR)

Surname		**Former Name**	
Forename		**Title**	
Date of Birth		**Telephone Number**	
Address		**Postcode**	

Please tick the relevant boxes below. The more specific you can be the easier it is for us to quickly provide you with the record requested:

I am applying for access to **view** my records only	
I am applying for a printed copy of my medical record	

Please specify what information you are requesting:

I would like a copy of the records between specific dates only (please give dates below)	
I would like a copy of records relating to a specific condition/specific incident only (please detail below)	
I would like a copy of all my electronic records (held on computer)	
I would like a copy of all my electronic and paper records since birth	
Details:	

Patient Signature		**Date**	

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide a forms of photo identification, this can include a passport, photo driving licence or national identity card. We will not be able to set up access without this.

Please speak to reception if you are unable to provide this.

Additional Notes:

Before returning this form please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirm your identity by a countersignature
- Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

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For Office Use Only

Identification verification must be verified through photo identification. Where this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used.

Request received		Request completed	
Request refused		Patient informed	
Comments			
Identity verified by		Date	
Identify method			
□ Photo ID – Type_____ □ Vouching – By Whom_____ □ Vouching with record – By Whom_____			
Date account created		Date password sent	

Clinical assurance completed:	
Date:	

Scanned to record by:	
Date scanned:	