**The Crouch Hall Road Surgery**



 **48 Crouch Hall Road Email: crouchhallroadsurgery@nhs.net**

 **London N8 8HJ** **Web: www.crouchhallroadsurgery.nhs.uk**

 **Tel: 020 8340 5952**

 **Fax: 020 8340 3384**

**Subject Access Request form**

1. **Details of person requesting information (the Applicant):**

Full name: Date of birth:

Address:

Telephone Number:

1. **Are you the Data Subject (for example the named individual who the requested records refer)?**

**YES:** If you are the data subject please go to question e)

**NO:** Are you acting on behalf of the Data Subject with their written authority? If so, the written authority must be included. Please answer questions c) d) and f).

1. **Details of the Data Subject if different to those given in answer to question a).**

Full name:

Date of birth:

Address:

Telephone Number:

1. **Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf:**
2. **Please give details as to the information you would like to review. Please include the date range(s) for the information held (approximate dates are acceptable):**

Please provide the following proofs of Id of the Data Subject:

\* Driving licence or, Passport or birth certificate of the data subject.

\* Proof of address, e.g. a utility bill (no longer than 3 months old) of the data subject.

\* A signed letter of authorisation from the data subject consenting that the solicitor can act on their behalf or Lasting Power Attorney.

1. **Please provide the following proof of Identity and authorisation from the Data Subject:**

\* Driving licence or, Passport or birth certificate of the data subject.

\* Proof of address, e.g. a utility bill (no longer than 3 months old) of the data subject.

\* A signed letter of authorisation from the data subject consenting that the solicitor can act on their behalf or Lasting Power Attorney.

**NOTES:**

The Crouch Hall Road Surgery will normally respond to a Subject Access Request within one calendar month of receipt. This period will not commence until The Crouch Hall Road Surgery is satisfied as to the identity and authority of the applicant.

The Crouch Hall Road Surgery may seek further information from the applicant as to the specific information requested. Any request for clarification will suspend the one calendar month period until the required information is received.

Please return this completed Subject Access Request (SAR) Form and any requested documentation to the address below:

**The Crouch Hall Road Surgery, 48 Crouch Hall Road, London N8 8HJ**

**Crouchhallroadsurgery@nhs.net**

**Signature ……………………………………………………………………….. Date……………………………………………….**

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*Office use:*

ID Confirmed by: Date:

***Must provide 2 proof of ID***

*Sources of ID confirmed: Passport / Driving Licence / Proof of Address*