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:**

Include the date range(s) for the information held (approximate dates are acceptable):

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 OR Deputyship covering health and welfare

**NOTES:**

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

Solicitors applying are advised that they should provide evidence that they are acting for the data subject although a signed authority is NOT required if the solicitor is in good standing and registered as practicing by the Law Society. The practice is aware of the code of practice on use of medical information for insurance requests and will ensure that this guidance is followed; solicitors not following it will be reported to the regulatory bodies.

The Practice may seek further information from the applicant as to the specific information requested. Any request for clarification may 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:

Practice Email: reception.bpmp@nhs.net

Postal Address: 208 Belsize Road, London, NW6 4DX