

Subject Access Request

Name of patient: _____

Date of Birth: _____

Address:

Please only tick the option you would like the practice to undertake:

	Please Tick
<p>OPTION 1 I would like to request a Targeted Subject Access Request and I ask that you provide me with a copy of my paper medical record; Please specify the information you require below:</p> <ul style="list-style-type: none"> • I would like a copy of records between specific dates only (please give date range) below: • I would like copy records relating to a specific condition/specific incident only (please detail below): 	
<p>Option 2 I would like a full copy of my medical record including all paper held records. I understand that this will take longer to process and allow up to 28 days from the date shown below for this to be provided to me.</p>	

Patient Signature:

Name:

Date: