

Doctors

Dr Lynne Jamieson
Dr Audrey McCoard
Dr Erin Monaghan

Practice Manager

Gail Bradshaw



274 Kings Park Avenue
Kings Park
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G44 4JE

Tel: 0141 632 1824

SUBJECT ACCESS REQUEST (SAR) FOR PATIENT MEDICAL RECORDS

Patient Authority Consent Form

Access to Medical Records under the General Data Protection Regulations (GDPR)

Patient's authority for release of medical records (Manual or Computerised Medical Records)

To: (full name AND address of GP).....
.....
.....

Section 1 – Your Details

1. Full name (including former name(s): (Mr / Mrs / Miss / Ms)
(Please PRINT all details and use BLACK ink)
Former name(s)

2. Date of Birth:

3. NHS/CHI Number (if known)

4. Current Address:
.....
.....

5. Tel or Mobile number (including area code)

6. Former Address/es (if applicable)
(Use separate sheet if necessary)
.....
.....

7. We will contact you on the above number to let you know when the records are ready to collect. Are you happy for us to leave a message at this number? (Please delete as appropriate) **YES/NO**

8. If the telephone number is a mobile phone, would you like us to update your records so that you receive text message appointment reminder and other health messages, communications and reminders from us? (Please delete as appropriate) **YES/NO**

IMPORTANT INFORMATION

Under GDPR you do not have to give a reason for applying for access to your medical records. However, to help us save time and resources, **if you wish**, it would be helpful if you could provide details, on the next page, informing us of periods and parts of your medical records you require, along with details which you may feel have relevance i.e. consultant name and location etc. See next page.

Section 2 – Information you require – please complete 1,2,3 or 4

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 Park
 Surgery**

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1. Please provide me with copies of my medical records for the following period			
From:		To:	
2.	Please provide me with a print-out of my medical records that are held on computer	Tick:	
3.	Please provide me with copies of my entire medical records from my date of birth to date (to include any paper records as well as those held on computer)	Tick:	
4.	<p>Please use this space below to inform us of certain periods and parts of your health records you may require. This may include specific dates, consultant name and location, and parts of the records you require i.e. written diagnosis and reports.</p> <p>Below is an example of using the space provided.</p> <p><u>Example</u> 1st March 1993-31st March 1995 – all my GP notes and the consultant reports to my GP concerning back pain within this period.</p>		

Section 3 – Signature

Signed		Date	
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Please hand this form to the receptionist along with 2 forms of ID
 (eg passport or photo driving licence plus utility bill or council tax bill)

For Practice Use ONLY		
Action	Signed	Date
Identity verified		
Please list documents seen	1.	2.
Data Extracted		
Data Checked		
Patient advised ready to collect		