

**Subject Access Request form****a) Details of person requesting information (the Applicant):**

Full name:

Date of birth:

Address:

Telephone Number:

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

Full name:

Date of birth:

Address:

Telephone Number:

**d) Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf:****e) 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):

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 (property and financial affairs)

**f) Please provide the following proof of Identity and authorisation from the Data Subject:**

- Driving license 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:**

Derwent Crescent Medical Centre will normally respond to a Subject Access Request within one calendar month of receipt. This period commences when your identity and authority has been verified.

The Derwent Crescent Medical Centre 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:

Practice Name: Derwent Crescent Medical Centre

Practice Address: 20 Derwent Crescent, London N20 0QQ

Email: [derwentmedicalcentre@nhs.net](mailto:derwentmedicalcentre@nhs.net)