



DATA SUBJECT ACCESS REQUEST

Name:	NHS Number (if known):
Daytime telephone number:	Date of Birth:
Email:	
Address:	
Do you want secure online access to your full electronic GP record? This might easily provide the information you are looking for, as well as being able to make appointments and request repeat medication. Please ask at reception for more details. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Required information (and any relevant dates):	
Do you want a copy of your <i>entire</i> GP record YES <input type="checkbox"/> NO <input type="checkbox"/>	
If not your entire GP record, then please detail exactly what information you would like. For example, between 2 dates or relating to a particular medical condition	
Please note that you might be contacted by the practice for further information to clarify your request, or to confirm your identity. Please allow 28 days for a reply.	
Data subject's signature:	
Date of request:	