



**CLARENDON LODGE MEDICAL PRACTICE  
SUBJECT ACCESS REQUEST (SAR)**

**PATIENT'S NAME:** ..... **DATE of BIRTH**.....

**PATIENT'S ADDRESS:** .....

**TELEPHONE NUMBER:**.....

**I wish to access my health record as set out in the General Data Protection Regulations 2018. I wish to access these in the following way (Please tick as appropriate):**

- **Register for Online Detail Coded Records Access - *this allows you online access to view your Medical Records at any time – which will include: consultation, Results of investigations, Medical Record showing diagnoses, investigations and procedures, allergies, vaccinations and medication. (Please ask at reception for further information – should you wish to access your records online)***
- **View my health record without taking copies** ( )
- **Copies of partial records (Targeted SAR)** ( )
- **Copies of my computer records health record (Targeted SAR)** ( )
- **Copies of my full medical records (SAR)** ( )

**We can provide copies of your records in the following way: (Please tick as appropriate.)**

- **On a USB Memory Stick\*** ( )
- **On Paper Copies** ( )
- **Via encrypted email** ( )

\*There is a charge to cover the cost of the memory stick

- **In Accordance with Article 12 of the GDPR 2016 - Copies of medical records will be made available to you within one month of your request.** (this period of compliance can be extended by a further two months where requests are determined to be ‘complex’ or ‘numerous’)
- You will be expected to collect your records from Clarendon Lodge Medical Practice when they are ready – you will be informed by telephone.
- We will require you to bring a photographic form of identification for Reception to check when collecting your medical records.
- Charges for SARs will be levied in the following instances:
  - where further copies are requested by the data subject,
  - or the request is manifestly unfounded, or excessive reasonable fee based on the organisations administration costs may be charged.

**Declaration** - I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the Health Records referred to above under the terms of *General Data Protection Regulations 2018*. **(Please delete as appropriate):**

- I am the patient.
- I have been asked to act by the patient and attach the patient’s written authorisation.
- I am acting in loco parentis and the patient is under the age of 16 years (and is incapable of understanding the request/has consented to my making this request).

Any further information:

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**Name:** .....

**(Contact Telephone number if you are not the patient.....)**

**Signed:** ..... **Date:** .....