



Subject Access Request Form

This form provides you with access to all data that we hold about you. If you would only like access to your medical records held by the MSG, please use the form entitled 'Outpatient Notes Request Form' on our website. If you would like access to your inpatient notes, please contact HSC's Medical Records Department on 725241.

This form is to be completed **in full** by the applicant. Please use **BLOCK** capitals.

Your application can be submitted in person or by post and you will be required to produce **adequate personal identification** (see Subject Access information pamphlet for details found on the Data Commissioners website at www.dataci.gg). If submitting your application by post, you will also be required to send proof of address such as a utility bill or bank statement dated within the past three months and containing your current address. Certified photocopies of personal identification are acceptable.

The details provided on this form may be used to update the records held by the Medical Specialist Group, if appropriate.

Should you have any queries regarding the completion of this form please contact MSG's Data Protection Officer on 238565.

Note 1: - Please note that this Subject Access Request relates to information held by the Medical Specialist Group only.

Note 2: - Please note that your insurer cannot force you to make a subject access request if all that is required is a Doctors Report. Be aware that this is your data and insurance companies are not entitled to request all of your data.

Section 1 – Patient's Details

Title	Mr / Mrs / Miss / Ms / Other
Last Name	
Forename(s)	
Former Name(s)	
Address	
Date of Birth	
Contact Telephone Number	
Email	

Name of person making request (if not the patient)	
Relationship to Patient (if applicable)	<i>Please note patient consent may be required</i>

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Section 2 – Personal Data Sought

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

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Section 3 – Additional Information to Support Request

Date Range of search	From	To
Subject Matter		
Search Criteria e.g. patient name or other relevant criteria		

Any other information which will assist the search

Please note that if the information you request reveals details directly or indirectly about another person this will be redacted to ensure confidentiality of that person is respected. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed and given full reasons for that decision.

Section 4 – Declaration

I declare that the information supplied in this application is correct and that I have the authority to make this subject access request.

Signature	
Name	
Date	

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right to charge a flat fee of £25 if the request is considered to be “manifestly unfounded or excessive”. However we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

Please note that any attempt to mislead may result in prosecution.