



168 Locking Road | Weston super Mare | BS23 3HQ

01934 628118 / 624242

bnssg.168enquiries@nhs.net

Data Subject Access Request Form
OPTION TWO & THREE

Date of Subject Access Request: _____

SECTION 1 – Details of the person completing the Data Subject Access Request

Name:	
Date of Birth:	
Address:	
Postcode:	
E-mail address:	
Contact phone number:	
Signature:	

SECTION 2 – Is this Subject Access Request about you?

<input type="checkbox"/>	YES: I am the data subject of this subject access request and I have provided my identification.
<input type="checkbox"/>	NO: I am acting on behalf of the data subject. I have enclosed the identification for myself and the data subject and I have the consent of the data subject to access this information (please attach to this form)

Please note: Accepted identification is anything that is issued by the government that contains a photograph, such as a passport or driving license. Identification must be provided in person at the reception desk as the data in a medical record is considered 'Sensitive Data' and we therefore need to verify the identity of the person requesting the data access.



www.longtongrovesurgery.uk
www.newcourtsurgery.nhs.uk

Member of Pier Health Group

www.PierHealth.co.uk

Partner GPs

Dr C Clarke, Dr J Heather, Dr N Friend, Dr K Fretwell, Dr M Alam, Dr K Haggerty, Dr J Wadey, Dr P Wrigglesworth, Dr R Potts

Salaried GPs

Dr E Boulton, Dr A Byrne, Dr C Lim, Dr J Haley, Dr S Smith, Dr C Cottrell, Dr H Paris

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SECTION 3 – Details of the data subject

Name:	
Date of Birth:	
Address:	
Postcode:	
E-mail address:	
Contact phone number:	
Signature:	

SECTION 4 – Subject Access Request information

Please tick which option you would like to proceed with the Subject Access Request.

<input type="checkbox"/>	OPTION TWO: ELECTRONIC RECORDS
<input type="checkbox"/>	OPTION THREE: FULL COPY OF RECORDS
<input type="checkbox"/>	OPTION FOUR: PRIVACY NOTICE

Any additional requests:

Please attach any additional documentation that you would like to include in this Subject Access Request to this form.

*The information within this form will be used exclusively for the purposes of this Subject Access Request. We will maintain this form for the purpose of Subject Access Request auditing.



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SECTION 5 – FOR OFFICE USE ONLY

<input type="checkbox"/>	Passport seen and identity verified	Date:	
<input type="checkbox"/>	Driving License seen and identity verified	Date:	
Identification checked by:			



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