



## **Health Records** **Data Subject Access Request (DSAR) Application**

**Please complete this form for access to medical records only.**

This form should be used if you wish a copy of any medical records that Kelty Medical Practice holds for you.

In order to provide you with the information you are seeking, please provide as many details as possible regarding the records you are wishing to receive.

We are unable to process your request without a fully completed application form, proof of ID and relevant supporting documents.

**Please fill in this application form using BLOCK CAPITALS and ideally in black ink.**

If you require any assistance completing the application form, please do not hesitate to contact the practice Secretary, Practice Manager or Head Receptionist on 01383 831281.

In accordance with Article 12 (3) of the UK General Data Protection Regulation, we are required to respond to your request within one month of receipt, however this can be extended by two further months where necessary, considering the complexity and number of the requests.

**Send your completed form to:**

Kelty Medical Practice  
80 Main Street  
KELTY  
Fife  
KY4 0AE

**Or by email to:**

[Fife.F20803Kelty@nhs.scot](mailto:Fife.F20803Kelty@nhs.scot)



**Section 1 - Details of individual whose records are being requested**

Please fill in this section as accurately as you can with all personal details of the person this request is about. This will help us trace the personal information you need.

<b>Surname</b>			
<b>First Name(s)</b>			
<b>Date of Birth</b>			
<b>CHI Number (if known)</b>			
<b>Current Address (inc. postal code)</b>			
<b>Telephone:</b>		<b>Email:</b>	
<b>Signature:</b>		<b>Date:</b>	
<p>If this information is required for you to provide to another medical professional for continuation of your medical treatment, please provide the details to whom the information should be sent:</p>			
<b><u>Medical Professional</u></b>			
<b><u>Name and Designation</u></b>		<b><u>Organisation and Address</u></b>	
<b><u>Email:</u></b>		<b><u>Telephone:</u></b>	



## **Section 2 - Details of person acting on behalf of the applicant**

**\*Please only complete if acting as a representative for the above-named individual**

<b>Surname</b>		<b>First Name(s)</b>	
<b>Current Address (inc. postal code)</b>			
<b>Telephone:</b>		<b>Relationship to individual:</b>	
<b>Email:</b>			
<b>Signature (of representative)</b>		<b>Date:</b>	

### **Section 2a: Permission**

You must fill in this section if you are the person named in section 1 and you have given the person named in section 2 permission to act on your behalf.

I authorise Kely Medical Practice to release the information requested to (enter name of person) - to whom I have given my consent to act on my behalf.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Section 3 – Proof of Identification and supporting documents**

To process your request, we require two forms of Identification, one photographic and one confirming your current address.

The following documents will be accepted, please do not send original documents. Any financial details should be removed.

#### **Photographic Identification:**

- Photograph page from current passport
- Photograph section of a current driving licence
- National entitlement card (i.e., Bus pass / Young Scot Card)
- Current employment work badge (NHS, Forces, National Service only)
- Passport picture signed by medical professional involved in your care



**Proof of Address (within 3 months of request)**

- Utility or council tax bill
- Bank or credit card statement
- Current council/housing association rental agreement
- Other documentation showing your address may be considered. Please contact Secretary, Practice Manager or Head Receptionist for further advice.

If appointed as a representative, identification for both parties will be required, unless one of the supporting documents listed below is supplied. In this event, we only require identification (as described above) for the representative.

**Supporting Documentation (please do not send original documents)**

- Power Of Attorney (combined or welfare)
- Guardianship Order
- Confirmation of Parental Responsibility – Birth Certificate/Court Order

**Section 4 – Information Required – Health Records:**

PLEASE ONLY COMPLETE ONE BOX.

To assist us with satisfying your request in a timely manner, please be as specific as possible.

<p>I wish to be provided with an up-to-date summary sheet from my medical record (a summary sheet will document a list of your current medications along with a list of your main diagnoses)</p>	
<p>I wish a copy of the entire medical record Kelty Medical Practice holds for me and I have not received a copy of this medical record from Kelty Medical Practice before. (this is your medical record from birth until now and as well as general practice contacts it includes letters from secondary care and laboratory results from G.P. requests)</p>	
<p>I wish a copy of the entire medical record Kelty Medical Practice holds for me. I have previously received a copy of my medical record from Kelty Medical Practice - please provide approximate date you were last provided with a copy (this is your medical record from birth until now and as well as general practice contacts it includes letters from secondary care and laboratory results from G.P. requests)</p>	
<p>I wish a copy of my medical record for a specific period of time – please provide dates to and from.</p>	
<p>I wish a copy of specific sections of my medical record – please provide as much information as possible (for example this may be specific laboratory results you are looking for)</p>	



**Section 5 –Preferred Method of Delivery (only choose one)**

Paper Copies - Collection in person (collection details will be advised on completion of request - ID will be required when you come to collect the copies).	
Electronic File Transfer (secure email). Please detail the email address that file and password should be sent:	

**Section 6: Declaration**

I certify that the information given on this form is true. I understand that Kelty Medical Practice may need to obtain further information in order to comply with this request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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All Data Subject Access Requests are processed in accordance with:

- UK General Data Protection Act 2018 (UK GDPR)
- Data Protection Act 2018

FOR ADMIN USE ONLY:

On receipt of request check that form is completed fully  check all necessary IDs  initial on this form what you have viewed

Add form to Workflow Optimisation Folder  then put this form in ring-binder to await further action

Form is scanned and sent to Workflow Optimisation

WFO will review request and send form to either:

- Documents with Actions (if summary sheet, or small sections of records)
- Secretary (if large parts or full records)

Name of person dealing with request:

Documents with Actions/Secretary will add to Agency Document  and make a data entry in records detailing receipt of DSAR

Documents with Actions / Secretary will prepare the request and pass to GP with this form (retrieve from ring-binder)

GP will check the requested information then return for final preparation before supplying to patient/patient's representative