**PATIENT DATA SUBJECT ACCESS REQUEST FORM**

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| **Name:** | |
| **NHS No:** | |
| **Telephone:** | |
| **Email:** | |
| **Address:** | |
| By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive. | |
| **Outline purpose for request:** | |
| **Required information (and any relevant dates):** | |
| By signing below, you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not.  Please return this form to:  The Secretarial team, Crown Medical Centre, Venture Way, Taunton, TA2 8QY  Please allow 30 days for a reply. | |
| **Data Subject’s Signature:** | **Date:** |
| **ADMIN USE ONLY** | |
| **EMIS Number:** | **Secretary initials:** |
| **Date form received:** | **A 30 days:** |