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| **BLACKTHORN HEALTH CENTRE** | | |
| **Dr Mark Tomson** | NA00417_ | **Satchell Lane** |
| **Dr Judy Harris** | **Hamble** |
| **Dr Neeraj Sonpal** | **Southampton** |
| **Dr Ali Shahsavanpour** | **SO31 4NQ** |
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| **www.blackthornhealthcentre.co.uk** | **Tel: 023 8045 3110** |

**Subject Access Request (SAR) / Private Work Consent Form**

**Please read all the information on this form as well as acknowledge the boxes below**

*\* Please note, private work will not commence until all appropriate areas of this form have been completed \**

|  |  |
| --- | --- |
|  | I have been informed there may be a charge for any requested private work. This charge will be explained further prior to any work carried out. I then agree to pay said charge(s).  *(unless this is a duplicated request, there is no charge for Subject Access Requests)* |
|  |  |
|  | I understand that this request may take up to twenty-eight days\* to complete. |
|  |  |
|  | I am aware my request will be processed by the Practice, using a third-party, MediData.  *(please see the other page to this document for further information on this service)* |

**THE BELOW SECTION MUST BE COMPLETED FOR ALL REQUESTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name**: |  | **Date of Birth**: |  |
| **Address**: |  | | |
| **Contact Number**: |  | | |
| **Signature**: |  | **Date**: |  |

To provide you with access to the secure access portal to retrieve your report electronically, we will require your email address and mobile telephone number.

|  |  |
| --- | --- |
| E-mail Address: |  |
| Mobile Phone Number: |  |

**PLEASE ALSO COMPLETE THE BELOW IF YOU ARE MAKING A REQUEST ON BEHALF OF THE PATIENT**

\*\* PLEASE NOTE, UNLESS ALREADY DOCUMENTED AT THE PRACTICE, PATIENT’S CONSENT WILL NEED TO BE OBTAINED. THIS INCLUDES POWER OF ATTORNEY’S \*\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Requester’s Name**: |  | **Relationship to Patient**: |  |
| **Contact Number**: |  | | |

**\* Please note: if we are required to retrieve your paper records from our off-site storage service, please allow an additional two weeks in order for your request to be completed. In addition, due to extenuating circumstances, such as annual leave, sickness, etc. your request may take longer than twenty-eight days to complete. You will be notified of any such delays.**

https://www.blackthornhealthcentre.co.uk/private-work

**What happens next?**

Your request will be processed electronically and we will provide your medical records through a secure access portal operated by MediData Exchange Limited (**MediData**). They will provide you with electronic access to your report through an encrypted secure access portal. We are unable provide your medical records through this secure access portal unless you consent to us doing so.

If you consent to your medical records being provided through the secure access portal, MediData will contact you directly to provide access to the secure access portal where your medical records will be made available in PDF format.

Where MediData need to provide you with access to the secure access portal, they will require your email address, and mobile telephone number to provide you with access by email and text.

**Please note that unless the form on the previous page is fully completed, we will be unable to provide you with secure access to your request.**

By completing this form, you consent to the Practice providing copies of my medical records through the secure access portal operated by MediData, and for MediData to contact you directly to provide access to the medical records requested through a secure **‘https://’ url** link.

If you use this service, consent to your medical records being stored, and to remain available on the secure access portal operated by MediData for a period of six (6) months after being first made available and that MediData can use my personal data to contact me by email and text message to:

* notify me that the six-month period that my medical records are held for is due to expire; and
* request confirmation from me on whether the medical records should remain available through the secure access portal for longer than the initial six-month period.

If you do not wish for the Practice to process your request via MediData, please let us know at the time of your request. All requests processed separately from MediData will only be processed in paper-format and may take additional time to complete. In addition, you will be required to collect this from the Practice.

If you have consented to your medical records being provided through the secure access portal, you have the right to withdraw this consent at any time by notifying MediData by email: notifyus@medi2data.com

For more information and the storage of your medical records, please visit:

www.blackthornhealthcentre.co.uk/privacy-notice