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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** |
|  |  |
| **www.blackthornhealthcentre.co.uk** | **Tel: 023 8045 3110** |

**Subject Access Request (SAR) Form**

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

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

The data you require is also available on your online patient record (via the NHS App, Patient Access, etc.) We kindly ask that you review your data via these platforms prior to any SAR.

For any Department of Work & Pensions (DWP) applications (PIP, Blue Badge, etc.) a patient summary is provided in the first instance. If required DWP will contact the practice directly for a detailed report.

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

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

|  |  |  |
| --- | --- | --- |
|  | I would like a copy of records between specific dates only  *(please provide the date ranges)* |  |
|  |  | |
|  | I would like a copy of records regarding a specific medical condition only  *(please provide more info on the conditions required)* |  |
|  |  |  |
|  | I would like a copy of all my medical records from birth to date | |

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| --- | --- |
| **Reason for request**: |  |

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| **Any other information**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**: |  | **Date**: |  |

For more information on how your data is managed by the Practice, please see the link below.

https://www.blackthornhealthcentre.co.uk/privacy-notice