



<b>4.</b>	<b>Authorisation to release to applicant</b> (to be completed by the patients/clients/staff member if not making their own request)
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I (**Print name**) \_\_\_\_\_ hereby authorise the Practice of Health to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.

**Signature of patient/client/staff member :** \_\_\_\_\_ **Date:**     /     /

<b>5.</b>	<b>Declaration</b>
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I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the General Data Protection Regulation 2016 (GDPR).

- Please select one box below:**
- I am the patient/client/staff member (data subject).
  - I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.
  - I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).
  - I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)
  - I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.
  - I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).
  - I am the deceased patient/client's personal representative and attach confirmation of my appointment.
  - I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

- Please Note:**
- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
  - It may be necessary to provide evidence of identity (i.e. Driving Licence).
  - If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
  - For requests under the General Data Protection Regulation 2016 (GDPR), requests will be responded to within 30 days after receiving all necessary information and/or fee required to process the request.
  - Under the terms of the General Data Protection Regulation 2016 (GDPR) Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

<b>Print Name</b>		<b>Signed (Applicant)</b>		<b>Date</b>	/ /
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**Please complete and send this document to:**  
**Subject Access Requests. The Practice of Health. 31 Barry Road. Barry. CF63 1BA**

<u>Practice Use ONLY</u> 2 forms of ID (1 Photographic/One Address)	Confirmation of Identification	
ID Source	Checked by	Date

**Informed Ready for Collection by** \*Delete as appropriate: **SMS/Tel/Letter**                      **Date:**.....