



Subject Access Request (SAR) **Application form and guidance**

This form enables you to apply for access to information held about you and explains your rights to access this information. Eglwysbach Medical Practice must respond within one month of receiving a fully completed application.

Your Rights

Subject to certain exemptions, you have the right to know whether any information is held about you and a right to a copy of that information. Eglwysbach Medical Practice will only release that information if we are certain of your identity. We will not give you any information which identifies someone else unless that person agrees. If you think that information might be held about you which may identify another person, we recommend that you get that person's agreement and send it to us with your application.

Where allowed by the Data Protection Act, Eglwysbach Medical Practice may deny access to information. Normally, this happens when the information is held for:

- the prevention or detection of crime
- the apprehension or prosecution of offenders

and giving you the information would be likely to prejudice any of these purposes.

Information may be withheld from responses to subject access requests, where that information identifies other people, and to disclose that information would be unfair or unlawful.

Proof of identity

Section 1 asks you to give information about yourself that will help Eglwysbach Medical Practice to confirm your identity. Eglwysbach Medical Practice has a duty to ensure that information is held in a secure manner and we must be satisfied that you are who you say you are before we disclose any information.

Section 2 asks you to **provide evidence** of your identity by producing document(s) with your application.

Closed Circuit Television (CCTV) video and/or digital images

Images are retained on digital systems or tapes for 30 days and after this time the images are destroyed. Please note that the full digital system or tape will only be searched 15 minutes either side of the times you supply. Should your image appear on the digital system or tape, you will be given the option to view it. The viewing of the digital system or tape will be arranged by prior appointment

Subject Access Request

1. Details of person requesting the information

Full name	
Current address (including postcode)	
Length of time at this address	
Telephone number	
Date of birth	
NHS Number	
Email	
Preferred method of contact	

If you have lived at this address for less than three years, please provide your previous address(es) including postcodes to cover the last three years. Continue on another piece of paper if needed.

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2. Proof of identity

To establish your identity and address, this application must be accompanied by an original document(s) bearing your full name (first name(s) and surname), date of birth and address, as appropriate, (ie passport and 2 utility bill less than 3 months old or photocard drivers license). Any original identification document(s) will need to be collected, photocopies of identification documents will be retained. If you are applying for a CCTV image, please also send a physical description.

3. Written authority

If you are acting on behalf of the data subject (ie. the person to whom the information is about), their written authority is required. Please complete the details below. Please also state your relationship to the data subject (eg. solicitor, client, parent, child, etc).

Your full name	
Current address (including postcode)	
Telephone number	
Relationship to applicant	
Signature	

4. Information required

A) Access to records - please explain what information you are looking for, providing as much information as you can. Continue on another piece of paper if needed. We may contact you if we require clarification.

B) CCTV

Please provide details of the information you are requesting, together with any other relevant information (dates, times, locations, etc). This will help us to identify the information you require.

If you require a CCTV image, please tick the appropriate box:

- i) I would like to view the digital system/tape
- ii) I would like a copy of the digital system/tape (additional costs may be incurred - details of which will be advised separately).

Please also provide a passport style photograph and the following details:

Date and time you wish to view	
Location	
Details of what you are looking for	
Your physical description (including height and build)	

5. Declaration (to be signed by the applicant)

Please note that any attempt to mislead may result in prosecution.

I certify that the information given on this application form to Eglwysbach Medical Practice is true. I understand that it is necessary for Eglwysbach Medical Practice to confirm my / data subject's identity, and it may be necessary to obtain more detailed information in order to locate the correct information.

Details of how we use your information in processing this request are available on our website at www.eglwysbachsurgery.com.

Full name (including title) in BLOCK CAPITALS	
Signature	
Date	

6. Please check that you have:

- completed all the sections you need to
- signed the declaration
- enclosed original copies of identification document(s) as detailed in part 2

7. Please send you completed form to:

Eglwysbach Medical Practice
Berw Road
Pontypridd
CF37 2AA