

ALTRINCHAM MEDICAL PRACTICE

Data Subjects Rights – Subject Access request | Appendix 1 to Annex I

(1) Details of the subject whose records will be accessed	
Surname	
Forenames	
Date of Birth	
Gender	
Address	
Telephone Number	
Email	

I, as the data subject, request a copy of information held by Altrincham Medical Practice relating to:

(2) In order to support the Practice in expediting your request and minimize cost incurred please specify details the purpose to allow us to target information held relating to you. (e.g. appointment booking / cancellation, test results, claim investigation, specific medical condition[s])ⁱ

(3) Please detail the specific time period requested pertaining to the requestⁱⁱ

ID Verification (Type): _____ (Staff Use)

Patient Access: YES / NO | SAR facilitated through Patient Access YES / NO

Date Request Received: _____ (Staff Use)

Altrincham Medical Practice, Lloyd House, 7 Lloyd Street, Altrincham, WA14 2DD
Tel: 0161 928 2424 Fax: 0161 929 8964 Email: scripts.amp@nhs.net

EMIS NUMBER: _____ (Staff Use)

(4) Staff Handling	Date	By	Duration ⁱⁱⁱ
File Collation			
File Redaction			
Redaction Review			
File Encryption			
File Dispatch			
Practice Data Subjects Rights Notes for the Subject Annex 1 App 3 Given			
File Name (PDF)			

STAFF NOTES / DIARY ENTRIES

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ⁱ Subjects are entitled to receive a copy of all information held on them, subject to a redaction process removing any identifiable reference to third parties or content which may cause harm or distress.

ⁱⁱ Delay in responding to direct or third party Subject Access Requests may occur if explicit consent period is not provided; providing total access to the subject's data to a third party within the restraints of current legislation can be intrusive.

ⁱⁱⁱ Time taken for task