

CARNON DOWNS SURGERY - DATA SUBJECT ACCESS REQUEST

Name:	D.O.B:
Daytime telephone number:	
Email:	
Address:	
By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive.	
Required information (and any relevant dates): <i>Example: Emails between "A" and "B" from 1 May 2017 to 6 September 2017 or All coded Health records between 1.5.15 – 1.5.2018</i>	
By signing below, you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not. Please return this form to the Practice Manager - Please allow 28 days for a reply.	
Data subject's signature:	Date:
Office Use Only: (circle relevant i.d. seen) Photo I.D. Driving Lic / Passport / Bus pass 2nd Form Utility / Birth cert / Marriage Cert / Bank Card / Bank Statement Date Seen: <input type="text"/> Seen by: <input type="text"/>	
Doctors Authorisation for release	<input type="text"/> Date <input type="text"/>