



Health Records **Data Subject Access Request (DSAR) Application (b)**

Please complete this form for access to medical records only.

This form should be used if you wish a copy of any medical records that Kelty Medical Practice holds for you to be shared with a third-party.

In order to provide you with the information you are seeking, please provide as many details as possible regarding the records you are wishing to receive.

We are unable to process your request without a fully completed application form, proof of ID and relevant supporting documents.

Please fill in this application form using BLOCK CAPITALS and ideally in black ink.

If you require any assistance completing the application form, please do not hesitate to contact the practice Secretary, Practice Manager or Head Receptionist on 01383 831281 or via email at Fife.F20803Kelty@nhs.scot

In accordance with Article 12 (3) of the UK General Data Protection Regulation, we are required to respond to your request within one month of receipt, however this can be extended by two further months where necessary, considering the complexity and number of the requests.

All Data Subject Access Requests are processed in accordance with:

- UK General Data Protection Act 2018 (UK GDPR)
- Data Protection Act 2018

Send your completed form to:

Kelty Medical Practice
80 Main Street
KELTY
Fife
KY4 0AE

Or by email to:

Fife.F20803Kelty@nhs.scot



Section 1 - Details of individual whose records are being requested

Please fill in this section as accurately as you can with all personal details of the person this request is about. This will help us trace the personal information you need.

Surname	
First Name(s)	
Date of Birth	
CHI Number (if known)	
Current Address (inc. postal code)	
Telephone:	

Section 2 - Details of person acting on behalf of the applicant

***Please only complete if acting as a representative for the above-named individual**

Surname		First Name(s)	
Current Address (inc. postal code)			
Telephone:			
Relationship to individual named in Section 1			

Section 2b: Permission

You must fill in this section if you are the person named in section 1 and you have given the person named in section 2 permission to act on your behalf.

I authorise Kelty Medical Practice to release the information requested to the individual named in Section 2 - to whom I have given my consent to act on my behalf.

Signature: _____

Date: _____



Section 3 – Proof of Identification and supporting documents

To process your request, we require two forms of Identification for the patient named in Section 1; one photographic and one confirming your current address.

The following documents will be accepted, please do not send original documents and any financial details should be removed.

Photographic Identification:

- Photograph page from current passport
- Photograph section of a current driving licence
- National entitlement card (i.e., Bus pass / Young Scot Card)
- Current employment work badge (NHS, Forces, National Service only)
- Passport picture signed by medical professional involved in your care

Proof of Address (within 3 months of request)

- Utility or council tax bill
- Bank or credit card statement
- Current council/housing association rental agreement
- Other documentation showing your address may be considered. Please contact Secretary, Practice Manager or Head Receptionist for further advice.

If appointed as a representative, identification for both parties will be required, unless one of the supporting documents listed below is supplied. In this event, we only require identification (as described above) for the representative, as well as the supporting documentation.

Supporting Documentation (please do not send original documents)

- Power Of Attorney (combined or welfare)
- Guardianship Order
- Confirmation of Parental Responsibility – Birth Certificate/Court Order

For Staff Use Only:	
Type of photo ID viewed for patient	
Type of address proof viewed for patient	
Supporting Documentation viewed	
Type of photo ID viewed for representative	
Type of address proof viewed for representative	
Staff name	
Date seen	



Section 4 – Information Required – Health Records:

To assist us with satisfying your request in a timely manner, please be as specific as possible.

PLEASE ONLY COMPLETE ONE BOX.

<p>I wish to be provided with an up-to-date summary sheet from my medical record (a summary sheet will document a list of your current medications along with a list of your main diagnoses)</p>	
<p>I wish a copy of the entire medical record Kelty Medical Practice holds for me (this is your medical record from birth until now and as well as general practice contacts it includes letters from secondary care and laboratory results from G.P. requests)</p>	
<p>I wish a copy of my medical record for a specific period of time – please provide dates to and from.</p>	
<p>I wish a copy of specific sections of my medical record – please provide as much information as possible (for example this may be specific laboratory results you are looking for)</p>	
<p>Other – please provide detail</p>	

Section 5 –Preferred Method of Delivery (only choose one)

<p>Paper Copies (collect in person) We will telephone you when these are ready for collection – you will need to show us your ID when you come to collect</p>	
<p>Electronic File Transfer (secure email) Please detail the email address that file and password should be sent: _____</p>	

Section 6: Declaration

I certify that the information given on this form is true. I understand that Kelty Medical Practice may need to obtain further information in order to comply with this request.

Signed: _____ Date: _____

Print Name: _____



FOR STAFF USE ONLY:

On receipt of request check that form is completed fully: initial

Check all necessary IDs (complete section on page 3): initial

Request for full record – pass form to Secretary or

Request for part record – place in ring-binder at Line 3

Name of person dealing with request:

Add request to Agency Document

Prepare the request and pass to GP with this form: name of GP

GP will check the requested information then return to completed basket for final preparation before supplying to patient/representative

Name of person dealing with request post GP check:

Make a 'Subject Access Request' entry in record detailing receipt of DSAR and exactly what info has been provided and to whom

Make final preparation of information

Contact patient/representative to notify that DSAR is ready for collection/to be emailed: date