



## Health Records Data Subject Access Request (DSAR) Application (a)

**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.

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](mailto: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](mailto: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.

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

## **Section 2 – Proof of Identification and supporting documents**

To process your request, we require two forms of Identification, one photographic and one confirming your current address. The following documents will be accepted, please do not send original documents. 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.

<b>For Staff Use Only:</b>	
Type of photo ID viewed	
Type of address proof viewed	
Staff name	
Date seen	



**Section 3 – Information Required:**

PLEASE ONLY COMPLETE ONE BOX.

To assist us with satisfying your request in a timely manner (within one month), please be as specific as possible.

<p>I wish to be provided with an up-to-date summary sheet from my medical record  <small>(a summary sheet will document a list of your current medications along with a list of your main diagnoses)</small></p>	
<p>I wish a copy of the entire medical record Kelty Medical Practice holds for me  <small>(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)</small></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  <small>(for example this may be specific laboratory results you are looking for)</small></p>	
<p>Other – please provide detail</p>	

**Section 4 –Preferred Method of Delivery (only choose one)**

<p><b>Paper Copies (collect in person)</b>          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><b>Electronic File Transfer (secure email)</b>          Please detail the email address that file and password should be sent:            _____</p>	

**Section 5: 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 2): initial

Request for full record – pass form to Secretary  or

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

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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

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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

Make final preparation of information

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