



## **General Data Protection Regulations– Subject Access Request Form**

The General Data Protection Regulations (GDPR) provides you, the data subject, with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide **proof of your identity**. Your request will be processed within 30 calendar days upon receipt of a fully completed form and proof of identity.

### **Proof of identity:**

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence, official letter addressed to you at your address, e.g. bank statement, recent utility bill or council tax bill. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

### **Administration fee:**

Norton Brook Medical Centre policy is not to charge for Subject Access Requests as per GDPR guidance.

### **Section 1**

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

<b>Title: Mr Mrs Miss Ms Other:</b>
<b>Surname/Family Name:</b>
<b>First Name(s)/Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Postcode:</b>

<b>Previous Addresses:</b>	
<b>Telephone Numbers:</b>	

<b>I am enclosing the following copies of proof of identity:</b> Birth Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> An official letter to my address <input type="checkbox"/>
If none of the above is available, please contact Norton Brook Reception: 01548 853551.

<b>Details:</b>  Please be as specific as you can, so we can provide the details requested. Please tell us, if you know, in which capacity the information is being held, together with any names or dates you may have. Please use additional paper if required.
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## Section 2

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject). If you are NOT the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

<b>Title: Mr Mrs Miss Ms Other:</b>
<b>Surname/Family Name:</b>
<b>First Name(s)/Forenames:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Daytime Telephone Number:</b>

<b>I am enclosing the following copies of proof of identity:</b> Birth Certificate <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> An official letter to my address <input type="checkbox"/>
If none of the above is available, please contact Norton Brook Reception: 01548 853551

<b>What is your relationship to the data subject:</b> (eg. parent, carer, legal representative)
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<b>I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:</b> Letter or Authority <input type="checkbox"/> Lasting or Enduring Power of Attorney <input type="checkbox"/> Evidence of Parental Responsibility <input type="checkbox"/> Other (please specify)
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**Data Subject Request:**

I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that Norton Brook Medical Centre is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this Subject Access Request.

**Name:****Signature:****Date:****OR****Authorised person – Declaration (if applicable):**

I confirm that I am legally authorised to act on behalf of the data subject. I understand that Norton Brook Medical Centre is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this Subject Access Request.

**Name:****Signature:****Date:**

**Warning:** a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

**I wish to:**

Receive the information in electronic format   
(some files may be too large to transmit electronically and we may have to supply on a memory stick)

Collect the information in person

View a copy of the information only

Go through the information with a member of staff

**Please send your completed form and proof of identity to:**

Practice Manager, Norton Brook Medical Centre  
Cookworthy Road, Kingsbridge TQ7 1AE  
[L83059.communications@nhs.net](mailto:L83059.communications@nhs.net)

If you have any questions please call: 01548 853551

**Norton Brook Medical Centre will retain the information provided and only share the information with those it is legally entitled to. The information will only be kept for as long as necessary and, in accordance with Norton Brook Medical Centre's retention policy, will be disposed of in a safe and secure manner.**