



# Swallowfield Medical Practice

## Subject Access Requests Procedure

1. The 1998 Data Protection Act gives individuals (referred to in the Act as 'data subjects') the right to access data held about them by the Practice (data controller). A request by an individual to access data is described as a data subject access request.
2. Data subject access requests must be made in writing. It is highly recommended that the Practice's **Data Subject Access Request Form** is used, as this will ensure that all the information needed to comply with an access request is provided, and that there will be no delays while additional information is sought from the data subject.
3. A fee of £10 will be charged for access requests; this is the statutory fee for access to electronic health records. If the applicant wishes to have copies to keep of paper records, a further charge of 50p per sheet, up to a maximum of £50 total fees will be charged to cover costs incurred in complying with the request, such as staff time and photocopying costs. However, the Practice may decide to waive the fee or to charge a lesser amount where only a limited amount of information, which is readily accessible, is requested. The fee should be paid in the form of a cheque made payable to Swallowfield Medical Practice (cash or card payments also accepted)
4. Data controllers have 40 days to respond to a data subject access request. It is important to note that the 40 day period does not begin until the data controller has received the request in writing, any necessary fee and all the information required to comply with the request. Every effort will be made by the Practice to respond to requests as speedily as possible; obviously a request for specific information can be dealt with much more quickly than a request for the totality of the information held about the data subject.
5. Data subjects are entitled by law to see all the information held about them by the Practice. However, it may be that the data subject is only interested in seeing particular data. In such cases it is helpful if the data subject specifies that only certain data is required; as noted in paragraphs 3 and 4 above, this will enable a quicker response to the request and may mean that a lesser fee or no fee at all.
6. Data subject access requests should be sent to the Practice Manager, Swallowfield Medical Practice, The Street, Swallowfield, Reading RG7 1QY.
7. To prevent unauthorised disclosures, it is important that data subjects provide proof of their identity to the Practice Manager. Data Subjects will therefore be required to collect the response to their access request in person and to present proof of ID at this time, by using Photo Identification (ie; their passport or driving licence and proof of address).
8. The situation may arise where the data subject only wishes to see one specific and easily located document, for example a letter written by a Consultant. Under these circumstances it is recognised that it may be disproportionate to require the data subject to make a formal access request, and such situations may be dealt with on an informal basis.



## DATA SUBJECT ACCESS REQUEST FORM

Please read the 'Procedure for Data Subject Access Requests' above before completing this form. The completed form should be sent to the Practice Manager, Swallowfield Medical Practice, The Street, Swallowfield, Reading, RG7 1QY.

<b>PERSONAL DETAILS</b>	
<b>Full Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Email Address:</b>	
<b>Daytime telephone number:</b>	
<b>Mobile Telephone number:</b>	
<b>Date of any previous data subject access requests</b>	

## DESCRIPTION OF THE INFORMATION YOU REQUIRE

You are entitled to see all the information held about you by the Practice. You may not request data about other people, unless you have parental responsibility or power of attorney for that person. You may only wish to see particular data about yourself; if so, you should specify the data you require (see paragraphs 3, 4 and 5 of the 'Procedure for Data Subject Access Requests' for further details).

Please describe the information you require together with any other relevant details. This will assist the Practice in processing your request.

**(Please continue on a separate sheet if necessary)**

### 3. DECLARATION

I certify that the information given on this form is true and accurate. I understand that any attempt to mislead may result in prosecution. I understand that there will be a charge payable.

**Signature**.....

**Date**.....