

Subject Access Request

Please complete this form if you wish to apply for access to personal data held by the University Health Service. You must provide **two forms of identification** (see below) before we can release this information. The form should be completed in full and signed with ink.

If you wish to apply on behalf of someone else, you must get them to complete this form and enclose a covering letter and two forms of identification for yourself also. We will always check with the subject that they agree to the release of their information to you before release.

Section 1 – Details of the subject	
Title (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other:
Surname/Family Name:	
Forename(s):	
Date of Birth (D/M/Y):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Nationality:	
Place of Birth:	

Section 2 – Contact details	
Telephone number:	
Email Address:	

Section 3 – Address details	
Current Address:	
Postcode:	

Section 4 – Proof of identity

In order to prove the applicant's identity, we need to see copies of two pieces of identification:

- one from list A **AND**
- one from list B (the item from list B, must confirm your current address as given in section 3)

Please indicate which ones you are supplying:

List A (photocopy of one from below)

List B (plus one original from below)

Passport/Travel Document	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	Credit card statement or bill	<input type="checkbox"/>
Child under 16 : Full birth certificate	<input type="checkbox"/>	Council tax statement or bill	<input type="checkbox"/>
Child under 16 : Court Order(s)	<input type="checkbox"/>	Letter from other government body	<input type="checkbox"/>

Section 5 – Extent of disclosure

Please tell us what information you wish us to release from your medical record:

Paper-based record:	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Not required
Electronic records:	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Not required
If you have chosen partial, please tell us what parts you need (e.g. 'information about back pain' or 'electronic records from 2016')			

Section 6 - Declaration

Please sign below if you agree with these statements. We cannot process this form unless it contains your actual signature (i.e. an image of your signature or an electronic signature is not acceptable).

- I wish to apply for copies of the information you hold about me
- The information supplied in this request is accurate & truthful
- I am responsible for the onward security & management of this data after its release
- I accept you may provide this information in either a paper or electronic format
- I understand you may redact information relating to persons other than the subject if applicable (e.g. if your records contain references to other people)
- I understand if this is a unfounded, excessive or repetitive request I will have to pay a fee
- I understand you are allowed one month to process this request, but that this can be extended to two months if the task is complex or numerous

Signed by data subject:	<small>This must be your actual signature, not an image or copy.</small>		
Date of signing:	<input type="text"/>	<input type="text"/>	/ <input type="text"/>
	<input type="text"/>	<input type="text"/>	/ 20 <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return this form to the practice with your identification documents:

Post: University Health Service, Building 48, University of Southampton, Highfield, Southampton SO17 1BJ

Email: access.requests@unidocs.co.uk

Fax: (023) 8067 8170 / +44 23 8067 8170