**Grove Medical Practice SAR (Subject Access Request) Form**

**Return form to - Admin.z00083@gp.hscni.net**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email address |  |
| Date of Birth |  |
| H&C Number |  |
| Description of Information Requested |  |
| Patient’s signature |  Date …………………………..  |
|  **Third Party Access Consent** | I the above named consent to my medical history being discussed with the below named person until I inform the practice otherwiseName ……………………………………………………………….Relationship to me ………………………………………………………………..Tel number ………………………………………………………………. |
| ***Office use only (use SARs template)*** |
| Date Received |  |
| Date sent to patient | Paper copyEmail copy |
| Fee applicable  | No [] Yes [] £……………… |
| Complex request additional time required | No [] Yes [] date …………….. Patient informed of delay and projected date of completion ……………… |
|  Patient Photographic ID Verified |  |