



Monkseaton Medical Centre & Bridge Medical Subject Access Request for Patient



PLEASE NOTE THIS MAY TAKE UP TO 28 DAYS TO COMPLETE

You can use this form to request a copy of your personal data that we hold about you, in line with the General Data Protection Regulations (GDPR), Chapter 3, Article 15 (Recitals 63 & 64).

Section 1: Your details

Please tell us the details below about you so that we can check for the information we may hold:

Title	
First Name	
Surname	
Date of Birth	
NHS Number (if known)	
Contact Number	
Home Address (inc. postcode)	
Today's Date:	

Section 2: What information you require?

Online record access

Copies of paper records

For copies of paper records:

Please tell us the dates of the records you require.

OR

A specific question _____

If you have a personal query, there might be a lot of information on you, and a guide to the date range we should search can be helpful.

Section 3: Proof of identity Upon Collection

- One document confirming your name, Group A, below
- One document confirming your address, Group B, below

Group A

- Driving License, passport, birth certificate, marriage certificate

Group B

- Utility Bill, Bank Statement, Credit card statement, benefit book, pension book.

If you do not have the required items listed above please contact the surgery.

We will contact you on the above contact number once the copies of the information we hold are ready to collect.