Subject Access Request (SAR) Form

Section 1: Details of the patient who is the subject of this application

Surname	First Name
Sex	Date of Birth
Address	Telephone Number
Postcode	

Section 2: Details of Applicant if NOT the Patient

Surname	First Name
Sex	Date of Birth
Address	Reason for requesting notes on behalf of this patient:

Section 3: What information are you requesting?

☐ A copy of hospital letters regarding a particular diagnosis (please state which speciality)……..……

☐ Any correspondence between a particular date FROM --/--/---- TO --/--/----

☐ A copy of all GP records

☐ Other

Section 4: Password Protect (please specify)

☐ I would like the information on the CD to be password protected

☐ I would not like the information on the CD to be password protected

Section 5: Declaration by Applicant

I declare that the information given by me is correct to the best of my knowledge and that I am applying for access to the patient health records identified above.

Signed……. Date:……..

Please return the completed form to:
Data Manager, Loy Medical Centre, 8 Loy Street, Cookstown, Co. Tyrone, BT80 8PE
Tel enquiries: 028 86763030

Subject Access Request (SAR) Protocol

Any patient who is requesting access to their patient notes must do so in writing. Please complete the following form and give back to the practice.

Your computerised patient records dating back to 2004 will be downloaded onto a CD (supplied by Loy Medical). For patient confidentiality the information on the CD can be password protected if you so desire. The time frame for us to complete this is within 30 days.

Once completed, the CD must be collected in person from the Surgery. For added security, the person requesting his or her patient notes, must be the one to collect the CD. You will need to bring photographic ID as proof of identity.