**Subject Access Request (SAR) Form – St Luke’s Primary Care Centre**

Please give details of the Data Subject (patient this relates to) and information required:

|  |  |
| --- | --- |
| Title: |  |
| First name: |  |
| Last name: |  |
| Date of birth: |  |
| Telephone number: |  |
| Address: |  |
| Postcode: |  |
| Please state the information you require:  *e.g. a specific time frame that you want the information from, a specific condition that you want the information relating to.*  *If you do not know exact dates, please give the year(s) that you think may be relevant.* |  |
| Reason for the SAR: |  |

|  |  |
| --- | --- |
| Please complete if you are **not the data subject** | |
| First name: |  |
| Last name: |  |
| Telephone number: |  |
| Relationship to the data subject: |  |

|  |  |
| --- | --- |
| **To be completed by data subject or their representative** | |
| Signed: |  |
| Dated: |  |
| I understand that there may be a charge for the provision of this information,  and that I must pay in full before this information will be released to me | |