



Skyways Medical Centre

YOUR HEALTH MATTERS

SKYWAYS MEDICAL CENTRE
2 SHELLEY CRESCENT
HESTON, MIDDLESEX TW5 9BJ
T: 020 8569 5688 F: 020 8577 9952
www.skywaysmedical.co.uk

SUBJECT ACCESS REQUEST FORM

You should complete this form if you want us to supply you with a copy of any personal data we hold about you. You are entitled to receive this information under EU General Data Protection Regulation (GDPR).

We will endeavour to respond promptly and in any event within one month of the latest of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide to enable us to comply with your request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.

SECTION 1: Details of the person requesting information

Full name:	
Address:	
Contact telephone number:	
Email address:	

SECTION 2: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

- YES:** I am the data subject. I enclose proof of my identity (see below).
(Please go to section 4)
- NO:** I am acting on behalf of the data subject. I have enclosed the data subject's written authority and proof of the data subject's identity and my own identity (see below).
(Please go to section 3)

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

1) Proof of Identity

Passport, photo driving licence, national identity card, birth certificate.

2) Proof of Address

Utility bill, bank statement, credit card statement (no more than 3 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1 year old).

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

SECTION 3

Details of the data subject (if different from section 1)

Full name:	
Address:	
Contact telephone number:	
Email address:	

SECTION 4: What information are you seeking?

Please describe the information you are seeking. Please provide any relevant Details you think will help us to identify the information you require.

Please note that if the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can let you see that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”. However we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

SECTION 7: Declaration

Please note that any attempt to mislead may result in prosecution.

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to Skyways Medical Centre is true. I understand that it is necessary for Skyways Medical Centre to confirm my / the data subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signed..... **Date**

Documents which must accompany this application:

- **Evidence of your identity (see section 2)**
- **Evidence of the data subject’s identity (if different from above)**
- **Authorisation from the data subject to act on their behalf (if applicable)**

Please return the completed form to:

Skyways Medical Centre
2 Shelley Crescent

Heston, Middlesex TW5 9BJ
T: 020 8569 5688 F: 020 8577 9952
www.skywaysmedical.co.uk

Correcting Information

If after you have received the information you have requested you believe that:

- the information is inaccurate or out of date; or
- we should no longer be holding that information; or
- we are using your information for a purpose of which you were unaware;
- we may have passed inaccurate information about you to someone else;

Then you should notify our Data Protection Officer at once.

May 2018