LEEDS STUDENT MEDICAL PRACTICE
PRIVATE & CONFIDENTIAL SUBJECT ACCESS REQUEST FORM
VACCINATION HISTORY FORM

General Data Protection Regulation Chapter 3, Article 15 and Data Protection Act

THE FORM SHOULD BE COMPETED IN BLOCK CAPITALS OR IN TYPE

Use this form to ask to see a copy of personal data for yourself or another person.

Section 1: I would like to make a Subject Access Request for personal information relating to:

***Surname:**			
Former Surname: (if applicable)			
***First names:**			
***Date of Birth:**		**NHS Number:** (if known)	
***Current Address:**			
***Signature:** (of patient, if required, see below)		***Date:**	
Name of person making request: (if different from above)			
Signature:		**Date:**	

***Please tell us what specific information you wish to see and provide as many details as possible so that we can identify your records as quickly as possible**

I would like a copy of my vaccination history ☐

***How would you like the information to be provided (if possible)?**

☐ View only
☐ Printed
☐ Email (This is only possible for small files rather than the whole medical record)

Email address:

Timescale:

The legislation allows us 28 days to respond to your request, but for vaccination histories we appreciate that the information can be required more urgently than this. This is why we aim to respond to your request within 7 days, but please note that this is a guide rather than a guarantee.

Section 4: Consent

Please provide the basis for applying:

□ I am the patient
□ I have authorisation from the patient (patient signature required above)
□ I hold Lasting Power of Attorney for the patient
□ I am appointed as an independent Mental Capacity Advocate on behalf of the patient
□ I have parental responsibility and the patient is under 18, and lacks capacity to understand the request
□ I have parental responsibility and the patient is under 18, and has consented to the request (patient signature required above if aged 12 or over)

Please note that the practice may have to contact you for further information and verification of the above.

Section 5: Evidence Required

Type of applicant	**Type of documentation required:** You can show these in person at the practice or send copies if applying by post or email.
An individual applying for their own records	Two forms of identity required **1. Photo ID:** passport, driving licence, national ID card **2. Proof of address:** this must clearly show your name and current postal address. (If this is not possible please contact the practice to discuss alternative ways of verifying your identity)
Someone applying on behalf of an individual	Two items of proof of the patient's identity and Two items of proof of your identity (examples above).
Person with parental responsibility applying on behalf of their child	Copy of birth certificate plus two items of proof of your identity (examples above)
Power of attorney/agent applying on behalf of an individual	Copy of court order authorising power of attorney / agent plus two items of proof of your identity and of the patient's identity (examples above).

Please return the form to:

POST: **FAO Practice Manager, Leeds Student Medical Practice, 4 Blenheim Walk, LS2 9AE**

EMAIL: **LSMP.MAIL@nhs.net**

Official Use Only (COMPLETE ALL SECTIONS):

Date Received:			
Identity Verification:	**Face to Face** ☐, **By Phone** ☐, **By letter** ☐, **By email** ☐ **Documents witnessed** ☐: Originals ☐, Copies ☐ **Specify:** **Vouch for identity** ☐ **Verbal information from records** ☐ **Incomplete** ☐ **Further info required: By letter** ☐, **By email** ☐, **In Person** ☐ **Completed** ☐ **Date completed:**		
Staff Member:		**Due Date:** **Completion date + 7**	