AECC University College

# Subject Access Request Form for Medical Records

Please note requests will be completed within 30 days of receipt and verification of data subject.

1: Please provide the following information to confirm your identity	
Full name	
Date of Birth	
Address	
Telephone and/or mobile number	
E-mail address	

2: What information do you require? If requesting images please state date taken and area of body.

3a: How would you like to receive this information? (please tick one box)	
Password Protected Document via email	◯
Collection	◯
Standard 2nd Class Post	◯

3b. If you would like us to provide this information to a third person please provide details of third party to collect or receive the information; in some circumstance we may need to contact you to discuss this further.	

Please sign here only if you want us to provide the information to a third party;

Signature_____ Date_____

4: To be completed by all applicants

I certify that I am the data subject and the information given above is correct to the best of my knowledge and belief. I understand that it is necessary for the University College to confirm my identity and it may be necessary to obtain more detailed information from me in order to locate the correct information. Under the terms of the General Data Protection Regulation, I hereby request and consent for the University College to search my medical records.

Signature_____ Date_____

Please Note we may ask you to provide further ID in order to collect the information you have requested.

When you have completed this form please return it to:
by email: **Clinicadminteamleads@aecc.ac.uk**
or by post:
Data Protection Officer
AECC University College
Parkwood Campus
Parkwood Road
Bournemouth
BH5 2DF
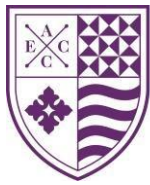
Data Subject Access Request task sheet.

For internal use only.

This task sheet must also be completed alongside the DSAR log. Once complete scan/attach patients file.

Patient File Number	Task Completed By	Date Completed/Notes
Request received and added to database (Admin)		
ID confirmed (or contact patient if no signature to check details to assist ID) (Reception/Admin) BY PHONE/SIGNATURE ON FILE/OTHER (specify)		
Delivery method confirmed with requestor (Admin) P/WORD PROTECTED EMAIL/POST/COLLECTION		
SAR discussed with clinical lead to see if letter needed or SAR is best option in case of medical notes request		
Requested information retrieved if required following Clinical Subject Access Request Process (Admin)		
Authorised for release (DPO/CLINIC LEAD) if required see Clinical Subject Access Request Process		
Password protected document email to patient or IEP (Admin)		
Copies to be posted; take to college reception post tray (Admin)		
Copies for collection; put in correspondence folder to be collected by patient (Admin)		
Copies for collection; receptionist to check patient ID before handing over copies. Patient and receptionist to sign task sheet. Please return form to admin post box for return to Team Leads.	Patient sig Reception sig Date	
DSAR log updated by Admin		
Copy of this form placed scanned/uploaded to patient file		

Notes: