

Reference Number

Subject Access Request Form (Patient)

Please complete and return to sar@nupas.co.uk

Section 1: Personal Details

Surname:	Name(s):
Address:	Telephone Number:
	Email address:
Post Code:	Date of Birth:

Section 2: Details of the person requiring the information

Are you the data subject? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered 'Yes' go to section three, otherwise please provide the following information:	
Full Name:	Telephone Number:
Address:	Email address:
If you are NOT the data subject you must supply documentary evidence to confirm you have the data subject's authority which supports this request i.e. written authority from the data subject	

Section 3: Details of the information required

Please detail below the information you require and the purpose for which it is require. In addition, and where possible could you please indicate the exact date, year and location when you attended the clinic.
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Section 4: Documents required confirming identity

You must confirm your identity/identity of the data subject by sending a copy of one of the documents listed below (please tick box to indicate which document you have enclosed):

Driving Licence

Birth Certificate

Passport

Plus, a document containing your signature.

Section 5: How would you like to receive the requested information?

Please detail below how you wish to receive the requested information: (Please note that post will be sent registered and if via email please note that the company cannot accept responsibility for the security of the email once it is sent from NUPAS Ltd).

Post

Email

Section 6: Declaration

I would like to confirm that I am the Data Subject (or I am acting on their behalf). I am aware that it is an offence to unlawfully obtain such personal data.

I certify that the information given in this form is true. I understand that it is necessary for NUPAS Ltd to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

Signed:

Print Name:

Date: