

GP Partners
 Dr Sid Deshmukh
 Dr Sunil Roy
 Dr Shraddha Karkare
 Dr Sonia Khanna

GPs
 Dr Ebenezer Timeyin
 Dr Sugandhi Ramu

GPs
 Dr Hedwig Hanson
 Dr Safira Tazeen
 Dr Ravi Muthukaluvan
 Dr Rashmikant Dave
 Dr Syed Rahman
 Dr Sheetal Shetty
 Dr Rashmi Goel
 Dr M Thavapalan

Nurse Practitioners
 Linda Wilson
 Jillian Kemp
 Sharon Ciel
 Sue Britchfield
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 Kala Marisaleen
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Main Surgery
 2 Church Avenue,
 Sidcup, Kent, DA14 6BU
 Tel: 020 8302 1114
sidcupmedical@nhs.net

Branch Surgery
 231 Burnt Oak Lane,
 Sidcup, Kent, DA15 9BQ
 Tel: 020 8300 2747
Branch Surgery
 63 Thanet Road
 Bexley, Kent, DA5 1AP
 Tel: 01322 528221
Branch Surgery
 19 Crook Log
 Bexleyheath, Kent, DA6 8DZ
 Tel: 0208 304 6972

Application form – Subject access requests / Access to health records

The personal information provided by you on this form is required to process your application for access to your healthcare records. The information you provide will only be used to process your subject access request.

GP Practice use only	
Date subject access request received:	
Supporting evidence obtained: (if needed – please attach to form)	
Staff Member accepting form:	
*Date Applicant identification verified:	
Staff Member verifying Identity:	
*Email address verified & records updated	
Date Application complete:	
Date Subject Access Request Responded to:	

Section 1: Patient details

Last name:		Maiden name:	
First name:		Title (i.e. Mr, Mrs, Ms, Dr)	
Date of birth:		Address:	
Telephone number			
NHS number (if known)		Postcode:	
Email Address¹			

¹ If you do not provide an Email address you will also be required to attend the surgery with Photo ID to verify your identity when collecting the finished report.

Section 2: Records requested

The more specific you can be, the easier it is for us to provide you with the information you are requesting. Please indicate your preferences below.

Please provide me with a copy of records between the dates specified below:
Please provide me with a copy of records relating to the incident, condition or treatment specified below:
Please provide me with a copy of all records held

Section 3: Details and declaration of applicant

Please enter details of the applicant if different from Section 1 above

Full name:	
Organisation name : if applicable)	
Address and post code:	
Contact telephone number:	
Email Address¹	
Capacity in which you are requesting: (i.e. Parent/Guardian, Power of Attorney, legal representative/organisation	
Who will have access to this information as part of any legal proceedings	

Section 4: Declaration

Please complete either section 4a, or 4b

Section 4A - Subject Access Request Declaration

I declare that I am entitled to apply for access to the personal information under the terms of the General Data Protection Regulations 2018/Data Protection Act 2018

Please tick as appropriate	
• I am the person named in section 1 above.	
• I have been asked to act on behalf of the individual and attach the person's written consent.	
• I have full parental/guardian responsibility for the individual and the person is under the age of 18 and;	
○ Has consented to my making this request	
○ Is incapable of understanding the request	
• I have Lasting Power of Attorney for the individual and;	
○ attach a registered copy of the LPA, or	
○ provide an LPA summary access code:	
• I am a Court Appointed Deputy for the individual, and attach a certified copy of the court order.	
• I am acting in loco parentis as the individual is incapable of understanding the request	

Section 4B - Access to Health Records Act request for Deceased persons records declaration

Please tick as appropriate	
A. Personal Representatives	
i. I am the deceased person's personal representative and attach my appointment;	
○ Grant of Probate	
○ Letter of Administration	
○ Certified Copy of the Last Will & Testament	
ii. I am a Solicitor / Agent / (employee of) Insurance Company acting on behalf of the deceased person's personal representative;	
○ I have written and witnessed consent from the deceased persons representative and attach proof of appointment	
B. I have a claim arising from the person's death and wish to access information relevant to my claim on the ground that; (please state details below)	

Section 5. Authorisation *Please delete as appropriate

***Part A** I am the named applicant in section 1

***Part B** of the authorisation section below must be completed by the **person/organisation** if acting on behalf of another person.

***Part C** must be completed if the applicant is under the age of 18.

PART A: (Applicant as detailed in section 1)	
I hereby authorise Sidcup Medical Centre to release any personal data they may hold relating to me	
Name:	
Signature:	
Date:	

PART B: (on behalf of another person named in section 1)	
I hereby authorise Sidcup Medical Centre to release any personal data they may hold relating to me	
Name of person to whom I give my consent to act on my behalf	
Signature:	
Date:	

PART C: (on behalf a person under the age of 18. A responsible adult should certify where appropriate that the child understands the nature of the application)	
I am the parent/guardian representative and certify that the person detailed in section 1 of this application form understands the nature of the subject access request.	
Name of parent/guardian :	
Signature:	
Date:	

Section: 6 Terms and conditions

Sidcup Medical Centre reserves the right to make the final decision as to what form of access is appropriate.

Under the Terms of the General Data Protection Regulations 2018/Data Protection Act 2018 The Sidcup Medical Centre may not release information to you unless it is satisfied as to your identity.

There are also other conditions where access to some information may be restricted.

Any copies of personal information which is released will then be the responsibility of the applicant/representative and should be kept secure and disposed of securely.

Sidcup Medical Centre will not charge for subject access requests, however, the GP practice can apply a charge for subject access requests when a request is manifestly unfounded or excessive, particularly if it is repetitive.

Sidcup Medical Centre will respond to subject access requests within 30 days (one calendar month) This period can be extended to a further two months where requests are complex or numerous. When this is the case, the GP practice will inform you in writing and explain why the extension is necessary.

Before returning this form, please ensure that you have:

- a) Signed and dated the form
- b) enclosed proof of your identity
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.

*Timescales for responding to this request will not be initiated until identification and any appropriate evidence documentation is verified and all the correct information has been received.

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