



SAR Health Records		MSUK Form - May 18
	<h2>Subject Access Request (SAR) Form</h2> <p><b>Data Protection Act 2018 and General Data Protection Regulation (EU)</b></p>	

### Guidance for completing this form

This form enables you to apply for access to information held about you and explains your rights to access this information.

#### Your rights

Subject to certain exemptions, you have the right to know whether any information is held about you and a right to a copy of that information. Marie Stopes UK will only release that information if we are certain of your identity. We will not give you any information which identifies someone else unless that person agrees. If you think that information might be held about you which may identify another person, we recommend that you get that person's agreement and send it to us with your application.

Where allowed by the Data Protection Act and General Data Protection Regulation, Marie Stopes UK may deny access to information. Normally, this happens when the information is held for:

- the prevention or detection of crime
- the apprehension or prosecution of offenders and giving you the information would be likely to prejudice any of these purposes. Information may be held from responses to subject access requests, where that information identifies other people, and to disclose that information would be unfair or unlawful.

#### Proof of identity

Parts 1, 2 and 3 ask you to give information about yourself that will help Marie Stopes UK to confirm your identity. Marie Stopes UK has a duty to ensure that information is held in a secure manner and we must be satisfied that you are who you say you are before we disclose any information. Part 4 asks you to provide evidence of your identity by producing document(s) with your application.

#### Where to send the form

Please return the form and relevant documentation to the Centre address as stated in Part 2.

Please write in **BLACK** in **BLOCK CAPITAL LETTERS** inside the boxes.

I am the Data Subject (The person the information is about)

I am acting on behalf of the Data Subject.  Please complete Parts 1, 3 and 4

If you are seeking information on behalf of someone who is unable to act for themselves, you must explain your relationship, what information you require and why it is required. Please note that information relating to someone else will not be disclosed **without the data subject's written consent or an appropriate Court Order or Power of Attorney**. Accordingly, I enclose:

The Data Subject's written consent to disclosure of the information requested at Part 3:

A Court Order (e.g. Power of Attorney) permitting release of the information requested at Part 3:



**Part 2 – What to do next**

Please complete Parts 3 and 4 plus Part 6, if necessary, and forward the form (plus written consent and/or court order if acting on behalf of the data subject) to the appropriate address below:

Enter Centre Address:

**Part 3 – Information Requested**

State clearly the information you require, with dates where known

- a) Please provide as much information as possible to assist us in locating your data
- b) If requesting information on someone other than yourself, please include an explanation of your relationship to the Data Subject, what information you require and why it is required.



**Remember, information relating to someone else will not be disclosed without the data subject's written consent or an appropriate Court Order or Power of Attorney.**

Your request will be processed in accordance with the requirements of the Data Protection Act 2018 and the General Data Protection Regulation

**PROTECTED** (When completed)

**Part 4 – Proof of Identification Data Subject**

I enclose as verification of identity a photocopy of my:

Birth Certificate:

Passport:

Driving Licence:

Utility Bill:

Other (Please state)

I declare that, to the best of my knowledge, the information I have provided on this form is correct.

Signature:

**Proof of Identification if not the Data Subject**

I enclose as verification of identity a photocopy of my:

Birth Certificate:

Passport:

Driving Licence:

Utility Bill:

Other (Please state)

I declare that, to the best of my knowledge, the information I have provided on this form is correct.

*Signature:*

Name in Capitals:

Date:

**Part 5 – Marie Stopes UK Use Only**

SAR Health Records Reference No (Datix):

Actioned By:

Date Received:

(Name in Capitals)

Signature:

Date Responded:

**Version:**

**Issue Date:**

**Ratified Date:**

**Custodians:**

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Head of Information Governance