**MAYNARD COURT SURGERY**

**DATA SUBJECT ACCESS REQUEST - PATIENT CONSENT FORM**

**Consent to allow your GP to release medical information to a third party**

**Please note, there may be a charge for this service**

**In line with GDPR law (General Data Protection Regulation 2018) all Subject Access Requests will take up 28 days to process.**

YOUR IDENTIY

NAME

DOB

ADDRESS

I hereby give my consent for my GP to release medical information to

NAME

ADDRESS (IF KNOWN)

REFERENCE NUMBER?

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

**Please tell us why you want your medical information disclosed. This helps us manage requests and improves security.**

Please return this form to Maynard Court Surgery Secretary.

Please allow 28 days for reply

My GP surgery can provide information held on my record from any doctor or healthcare professional who at any time has attended me concerning anything which affects my physical or mental health.

SIGNED

DATE