

Plas Menai Health Centre

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Plas Menai

Health Centre

Subject Access Request

Dear Operations Manager,

PART 1 - Re: Subject Access Request

I confirm, that as the subject of this request that I wish for my medical records or elements of them to be provided to me for my own personal use. Specifically I request access to [Please specify the information/data you require]:

Signature:.....

Date:

Signature of the Individual Consenting
[I understand that I will require to provide identification to the Health Centre prior to the release of the information requested]

PART 2 - Re: Subject Access Request for Information to be released to a 3rd Party

I confirm, that as the subject of this request that I wish for my medical records or elements of them to be provided to a 3rd party with my consent. The 3rd party whom I provide consent to is detailed as follows:

Name of 3rd Party:

Company Name if Appropriate:

Relationship with 3rd Party:

Contact Details of the 3rd Party

- ✓ Telephone Number:
- ✓ Email Address:

Signature:.....

Date:

Signature of the Individual Consenting
[I understand that I will require to provide identification to the Health Centre prior to the release of the information requested]