

# PLEASLEY SURGERY

## PATIENT SAR Release Form

Patient Name & DoB .....

Date Request Received .....

Method by Which Request Made                      verbal                       written                       electronic

Date Records Released .....

Method of Release                      paper copy                       USB Stick                       Email

Did Patient Personally Sign Release Paperwork?                      Yes                       No

Patient Signature .....

**If the information is being collected by an authorised 3<sup>rd</sup> party please provide details:**

Has the Patient Provided Authorisation of the 3<sup>rd</sup> Party?                      Yes                       No

What Type of Authorisation Received?                      verbal                       written                       electronic

This should be noted in the patient's record

Name: .....

Address: .....

.....

..... Post Code .....

Relationship to Patient: .....

Third Party Signature .....

**Please fill in the information required on the reverse of this form.**

