DR SIVAKUMAR AND DR GUDE

THE SURGERY, 1 COLDALHURST LANE, ASTLEY. M297BS

PATIENT SAR Release Form

Patient Name & DoB ……….…………………………………………………...….........

Date Request Received ....................……………………….………………………………

Method by Which Request Made verbal written electronic

Date Records Released ................................................................................................

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Method of Release paper copy USB Stick Email

Passwords to be texted from the patient’s EMIS record accompanied by following message:

*“This is the information you require: XXXXXXXXXXXX*

Mobile Number Used: ................................................................................................

Did Patient Personally Sign Release Paperwork? Yes No

Patient Signature ................................................................................................

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

Has the Patient Provided Authorisation of the 3rd Party ? Yes No

What Type of Authorisation Received? verbal written electronic

This should be noted in the patient’s Vision record & anything written should be scanned to Docman ie. email, written note etc

Name: ......................................................................................................................

Address: ......................................................................................................................

 ......................................................................................................................

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

Relationship to Patient: ......................................................................................................................

Third Party Signature ................................................................................................