**SUBJECT ACCESS/REPORT REQUEST FORM**

1. **CLIENT DETAILS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other:  |
| **Surname** |  |
| **First name(s)** |  |
| **Date of birth** |  |
| **Current address** |  |
| **Previous address (if appropriate)** |  |
| **Telephone number:**  |  |
| **Home** |  |
| **Mobile** |  |
| **Email address** |  |
| **Details of identification required to confirm identity** | *Please provide a copy of your identification, which can be:**• Passport**• Driving licence**• Birth certificate**• Utility bill (from last 3 months)* *No copies will be retained once identification has been confirmed.* |
| **Details of data requested** | Letter of Attendance (no charge) - [ ]  A letter which details all appointments attended with Impact on TeessideCopy of Notes and Records (no charge) - [ ] A copy of all the information held on our clinical database regarding your careFull Clinical Report (£24 charge) - [ ] A full report completed by your therapist based on your referral, presenting issues and work completed |
| **Date service accessed (MM/YY)** |  |
| **Declaration** (if you are not the client please move on to the next section) | I, the undersigned and the person identified above, hereby request that Impact on Teesside provide me with the data about me as requested above.Signature: Date:  |
| Please return your completed form, along with a scanned copy of your identification, to enquiries@impactonteesside.com. We will respond within 30 days of receipt. Thank you. |

* 1. **DETAILS OF PERSON REQUESTING THE INFORMATION (if not the client):**

|  |  |
| --- | --- |
| Are you acting on behalf of the client with their consent or other legal authority? | Yes - [ ] No - [ ]  |
| If ‘Yes’ please state your relationship with the data subject (e.g. relative, legal guardian or solicitor) |  |
| **Please enclose proof that you are legally authorised to obtain this information.** *For example, letter of authority, letters or official forms addressed to you on behalf of the data subject or power of attorney*. |
| **Title** | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other:  |
| **Surname** |  |
| **First name(s)** |  |
| **Current address** |  |
| **Telephone number:**  |  |
| **Home** |  |
| **Mobile** |  |
| **Email address** |  |
| **Declaration** | I, the undersigned and the person identified in (1.1) above, hereby request that Impact on Teesside provide me with the data about the client identified in (1) above.Signature: Date:  |
| Please return your completed form, along with a scanned copy of your identification and proof to obtain information, to enquiries@impactonteesside.com. We will respond within 30 days of receipt. Thank you. |