

BERMUDA & MARLOWE PRACTICE

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Dr P Conley
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Dr H Khankashi
Mrs M Smoker
Mrs J Whalley
Mrs H Steadman

Data Subject Access Request Form

Name:

Address:

DOB:

Email address:

Contact Telephone number:

NHS number:

Information required:

Identification

Two form of identification must be produced to gain access to this information. One must have a photograph:

1st form of ID

B&M Verified

2nd Form of ID

B&M Verified

Signed:

Dated:

*This information will be provided within 30 days of receipt of this request. You will be contacted when it is available.

*Duplicate requests or requests which require over the reasonable amount of administration time may be subject to charge.