

Subject Access Request**Name:****DOB:****Daytime telephone number:****Email:****Address:**

By completing this form, you are making a request under the **UK General Data Protection Regulation (UK GDPR)** for any personal data that Perfect Balance Clinic holds about you, which you are entitled to access.

Required information (and any relevant dates):

Example: Clinical notes covering the period from 1 May 2026 to 6 September 2026.

By signing below, you confirm that you are the individual named above. We cannot accept requests regarding your personal data from anyone else, including family members or representatives. We may need to contact you to verify your identity before processing your request.

You confirm that you are the person named and agree to indemnify Perfect Balance Clinic for any losses, costs, or expenses incurred if this is not the case.

Please return this form to reception@pbclinic.com

Please allow up to 14 days for a reply (please let us know if you need this information urgently)

Data subject's signature:

Date: