Date

**Our Ref: [ref no.]**

**Your Ref: [ref no.]**

**PRIVATE AND CONFIDENTIAL**

Name

Address

Address

Address

Dear [Name]

**RE: [Patient Name]**

Thank you for your application dated [date] requesting [enter request details].

We will now begin to process your request and have a duty to complete this within 1 month.

If you have any questions in the meantime or for more information please do not hesitate to contact us on 020 7794 0500 ext. 33347.

Yours sincerely

**Subject Access Team**

Health Records