

Waverley Medical Practice (Coatbridge)

Date 04/08/2026

Coatbridge Health Centre
1 Centre Park Court
Coatbridge
ML53AP

Our Ref: DSAR-20260804-1301B6

Client Ref: 101035

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:101035

Client Name: Mr Gary Flanigan

Client Reference: 101035

Client Address: 17 Dunavon Place, Coatbridge, Scotland, ML5 4NX

Date of Birth: 22/07/1978

Name in Care:

Previous Address: Arran Avenue, Coatbridge

NHS Number:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.

Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:

Full GP records (not a summary printout)

Consultation notes and free-text entries

Historical paper records (including Lloyd George records where applicable)

Coded clinical data

Correspondence to and from hospitals, specialists, and external providers

Mental health records held within the GP file

Safeguarding concerns or alerts

Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement

We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records

Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures

We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe

We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data

If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents

We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

James Taylor
Investigations Team
INS Law

E: evidence@inslaw.co.uk

T: +441618880834



UK DRIVING LICENCE





20 01 2029

1. FLANIGAN

2. MR GARY

3. 22.07 1978 SCOTLAND

4a. 21.01.2024 4c. DVLA

4b. 20.01.2029

5. FLANI707228G99DW 31

7. *Flanigan*

8. 17 DUNAVON PLACE, COATBRIDGE, ML5 4NX

9. AM/A/B1/B/C1/C/BE/C1E/CE/f/k/p/q

JAN29





Letter of Authority

Autorisation to Act in Relation to Data Subject Access Requests

Full Name	Gary Flanigan
Date of Birth	22/07/1978
Previous Names (if any)	
Current Address	17 Dunavon Pl Coatbridge Scotland 17 Dunavon Pl, Coatbridge ML5 4NX
Previous Address (relevant to care placements)	Arran Avenue Coatbridge
Mothers Name:	Linda Flanigan
Fathers Name:	Edmond Flanigan

Authorised Representative

Firm Name	INS Law
Address	Building B, 23 Goodlass Road, Speke, Liverpool, England, L24 9HJ
Email	evidence@inslaw.co.uk
Telephone	0161 888 0830
Matter Reference	101035

Dear Sir/Madam,

I, Gary Flanigan , confirm that I have instructed INS Law to act on my behalf in relation to the exercise of my data protection rights, including my right of access under the UK General Data Protection Regulations and the Data Protection Act 2018. This authority is provided specifically in relation to my application to The Scottish Redress Scheme, providing authority to INS Law to obtain any and all information they deem necessary to progress my application.

I authorise INS Law, including its partners, directions, employees, consultants, agents, and authorised representatives, to:

1. Prepare, submit, and pursue Data Subject Access Requests on my behalf;
2. Correspond with you and communicate with you on my behalf in relation to any Data Subject Access Request or associated data protection matter;
3. Request confirmation as to whether you process my personal data;
4. Request access to, and copies of, my personal data and any supplementary information to which I am entitled under applicable data protection law;
5. Request information concerning the purposes of processing, categories of personal data processed, recipients or categories of recipients, retention periods, sources of data, and any automated decision-making or profiling, where applicable;
6. Provide, confirm, or clarify information reasonably required to identify me and locate my personal data;
7. Receive correspondence, disclosures, copies of personal data, explanations, schedules, electronic files, paper records, and any other response or material provided in connection with the request;
8. Correspondence with you regarding the scope, timing, format, completeness, or adequacy of any response;
9. Raise queries, challenge omissions, request clarification, request further searches, and pursue follow-up correspondence where necessary; and
10. Where appropriate, assist me in making complaints or representations to the Information Commissioner's Office or in taking any further steps arising from your response or failure to respond.

This authority applies to personal data held by you in any form, including paper records, electronic records, correspondence notes, call recordings, account records, internal records, case files, databases, emails, messages, audio recordings, CCTV footage, and any other records containing my personal data.

This authority extends to all personal data concerning me that you hold.

I request all correspondence and disclosure materials relating to any Data Subject Access Request be sent directly to INS Law using the contact details above, quoting reference

I further authorise INS Law to disclose any records, personal data, special category personal data, witness statements and application materials obtained on my behalf to independent Scottish solicitors or legal advisers where reasonably required for the purpose of advising me on any offer, award, review, reconsideration or statutory waiver under the Scottish Redress Scheme.

This authority remains valid from the date of signature, unless revoked by me in writing.

Signature	
Print Name	Gary Flanigan
Date	07/07/2026

Certificate of Authenticity

Fintrixor — electronic signature record



Certificate ID	01KWYKD3MHMTF4DXEN9ZVAF7MN
Document ID	01KWYJWE5XB2C89CG3C7HGSG38
SHA-256 Document Hash	aa3558700a17e10f64b2c8c6c73dbfe7c3b509d26426b9f09e720f0eb8ce2a33
Recipient Name	Mr Gary Flanigan
Recipient Email	garyflanigan1@hotmail.co.uk
Signing Timestamp (UTC)	2026-07-07 15:33:32
IP Address	90.248.11.29
Browser	Safari on iOS

Signing Consent & Review

Document opened	2026-07-07 15:29:23 UTC
Document reviewed (scrolled through)	2026-07-07 15:30:05 UTC
Consent confirmed	2026-07-07 15:33:32 UTC from 90.248.11.29

Statement confirmed: "I confirm that my electronic signature is legally binding and has the same legal effect as a handwritten signature."

Audit Trail

Event	Timestamp (UTC)	IP Address	Browser
Document created	2026-07-07 15:24:27	45.145.101.64	Unknown browser
Document sent to recipient	2026-07-07 15:24:58	45.145.101.64	Unknown browser
Document opened by recipient	2026-07-07 15:29:23	90.248.11.29	Safari
Document reviewed (scrolled through)	2026-07-07 15:30:05	90.248.11.29	Safari
Legally-binding consent confirmed	2026-07-07 15:33:32	90.248.11.29	Safari
Document signed	2026-07-07 15:33:32	90.248.11.29	Safari

Verify this certificate at <https://esign.fintrixor.co.uk/verify/01KWYKD3MHMTF4DXEN9ZVAF7MN>