Bourtreehill Medical Practice

Bourtreehill Health Centre
Cheviot Way
Bourtreehill South
Irvine
KA111JU

Date 20/08/2026

Our Ref: DSAR-20260820-80F18C
Client Ref: 101152

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:101152

Client Name: Mr Frank Wotherspoon
Client Reference: 101152
Client Address: 4 John Galt Crescent, Irvine, North Ayrshire, KA12 0SA
Date of Birth: 23/02/1973
Name in Care:
Previous Address: 20 Kelvindale Road, Maryhill , Glasgow , G20 8BX
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

Department for Work & Pensions

Our Address:	**Debt Centre Sunderland** Compensation Recovery Unit Post Handling Site B Wolverhampton WV99 2FR
Opening Hours: Telephone:	Mon-Fri 08:00 – 18:00 0800-1513157
Text Relay:	18001 0800-1513157
Our Ref:	CXV-528
Your Ref:	
Date:	09/07/2026

FRANK WOTHERSPOON
4 JOHN GALT CRESCENT
IRVINE
KA12 0SA

002881

DWP12_1_L789128_0907260028811576111002I

Please note: This is for information only – no payment is required from you.

Why we are writing to you.

We, the Compensation Recovery Unit (CRU), have received a notification of a possible compensation claim that you have made.

The person, or organisation, whom you have made the claim against has to repay the Department for Work and Pensions (DWP) the amount of Social Security Benefit that you have received as a result of your compensation claim which occurred on 26/08/2025.

The enclosed is a copy of the Certificate (please see overleaf) that we issue to the person who may pay you compensation. Your claim cannot be settled without it.

What happens now.

If you have a Solicitor or Representative acting on your behalf please forward this letter to them. No further action is required from you.

Help and advice

If you want further information about the Certificate please visit our website (address shown below), or contact us on the number at the top of this letter.

If you do not agree with the information on the Certificate you can ask us to look at the decision again. Our address is shown at the top of this letter.

If you disagree with this decision

You can ask us to explain why
You, or someone who has authority to act for you, can phone or write to us and to ask us to explain our decision.

You can ask us to review the decision
Tell us if you think we have overlooked something, or you have more information that affects the

Letter of Authority

Autorisation to Act in Relation to Data Subject Access Requests

Full Name	Frank Wotherspoon
Date of Birth	23/02/1973
Previous Names (if any)	
Current Address	4 John Galt Crescent Irvine North Ayrshire KA12 0SA
Previous Address (relevant to care placements)	20 Kelvindale Road Maryhill Glasgow G208BX
Mothers Name:	Iris Obrien
Fathers Name:	Alexander Wotherspoon

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	101152

Dear Sir/Madam,

I, Frank , 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 continuing 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	Frank Wotherspoon
Date	23/07/2026

Certificate of Authenticity

Fintrixor — electronic signature record

Certificate ID	**01KY84PS27FCFPV96CH9YAH3WR**
Document ID	**01KY7T7QTP2N3TAPA7GHQ3MF8S**
SHA-256 Document Hash	**d70ae0b21afc2927c332a2fff3f362cdaeeaf3e972222058ed3b37179ffe058b**
Recipient Name	**Mr Frank Wotherspoon**
Recipient Email	**frankwotherspoon@yahoo.co.uk**
Signing Timestamp (UTC)	**2026-07-23 18:44:47**
IP Address	**87.75.85.155**
Browser	**Safari on iOS**

Signing Consent & Review

Document opened	**2026-07-23 18:36:50 UTC**
Document reviewed (scrolled through)	**2026-07-23 18:44:40 UTC**
Consent confirmed	**2026-07-23 18:44:47 UTC from 87.75.85.155**

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	**2026-07-23 15:41:49**	**45.145.101.64**	**Unknown browser**
Document sent to recipient	**2026-07-23 15:42:11**	**45.145.101.64**	**Unknown browser**
Document opened by recipient	**2026-07-23 18:36:50**	**87.75.85.155**	**Safari**
Document reviewed (scrolled through)	**2026-07-23 18:44:40**	**87.75.85.155**	**Safari**
Legally-binding consent confirmed	**2026-07-23 18:44:47**	**87.75.85.155**	**Safari**
Document signed	**2026-07-23 18:44:47**	**87.75.85.155**	**Safari**

Verify this certificate at https://esign.fintrixor.co.uk/verify/01KY84PS27FCFPV96CH9YAH3WR