

**Bourtreehill Medical Practice**

Date 12/08/2026

Bourtreehill Health Centre  
Cheviot Way  
Bourtreehill South  
Irvine  
KA111JU

Our Ref: DSAR-20260812-9E7504

Client Ref: 101118

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:101118

Client Name: Miss Margaret Jacqueline Lundy Cooper

Client Reference: 101118

Client Address: 2 Cheviot Gardens , Irvine , North Ayrshire, KA11 1GZ

Date of Birth: 22/01/1978

Name in Care:

Previous Address: North Ayrshire

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](mailto: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](mailto:evidence@inslaw.co.uk)

T: +441618880834



**IMPORTANT NOTICE  
(CITATION)**

**IN THE SHERIFF COURT**

**AT SHERIFF COURT HOUSE, ST MARNOCK STREET**

**Margaret Cooper  
2  
Cheviot Gardens  
IRVINE  
NORTH AYRSHIRE KA11 1GZ**

**YOU ARE A WITNESS FOR THE PROSECUTION IN THE CRIMINAL CASE OF**

**CHRISTOPHER FORBES**

**YOU MUST APPEAR PERSONALLY TO GIVE EVIDENCE**

**SHERIFF COURT HOUSE, ST MARNOCK STREET**

**ON WEDNESDAY, 26 AUGUST 2026 AT 10.00 AM**

**YOU ARE FINED 16 YEARS OF AGE YOUR**



## Letter of Authority

Authorisation to Act in Relation to Data Subject Access Requests

|                                                       |                                                           |
|-------------------------------------------------------|-----------------------------------------------------------|
| <b>Full Name</b>                                      | Margaret Cooper                                           |
| <b>Date of Birth</b>                                  | 22/01/1978                                                |
| <b>Previous Names (if any)</b>                        |                                                           |
| <b>Current Address</b>                                | 2 Cheviot Gardens<br>Irvine<br>North Ayrshire<br>KA11 1GZ |
| <b>Previous Address (relevant to care placements)</b> | North Ayrshire                                            |
| <b>Mothers Name:</b>                                  | Wilma Lundy                                               |
| <b>Fathers Name:</b>                                  | Williams Cooper                                           |

## Authorised Representative

|                         |                                                                        |
|-------------------------|------------------------------------------------------------------------|
| <b>Firm Name</b>        | INS Law                                                                |
| <b>Address</b>          | Building B, 23 Goodlass Road,<br>Speke, Liverpool, England, L24<br>9HJ |
| <b>Email</b>            | evidence@inslaw.co.uk                                                  |
| <b>Telephone</b>        | 0161 888 0830                                                          |
| <b>Matter Reference</b> | 101118                                                                 |

Dear Sir/Madam,

I, Margaret Cooper , 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.

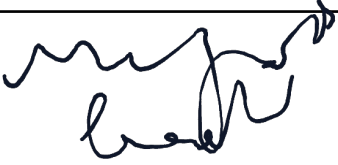
This authority applies to personal data held by you in any form, including paper records, electronic records, correspondence notes, call recordings, account records, internal records, case files, databases, emails, messages, audio recordings, CCTV footage, and any other records containing my personal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

|                   |                                                                                    |
|-------------------|------------------------------------------------------------------------------------|
| <b>Signature</b>  |  |
| <b>Print Name</b> | Margaret Cooper                                                                    |
| <b>Date</b>       | 17/07/2026                                                                         |

# Certificate of Authenticity

Fintrixor — electronic signature record



|                         |                                                                  |
|-------------------------|------------------------------------------------------------------|
| Certificate ID          | 01KXR8AGDDR XM G751C2NZM2XE3                                     |
| Document ID             | 01KXR7WWRV395WR2WKJW TB96G2                                      |
| SHA-256 Document Hash   | 9d851f1068ec9c8741feed4e751cf81f77752e1a59c9740f5f3f472e06a8e960 |
| Recipient Name          | Miss Margaret Jacqueline Lundy Cooper                            |
| Recipient Email         | margaretlundy90@gmail.com                                        |
| Signing Timestamp (UTC) | 2026-07-17 14:40:08                                              |
| IP Address              | 185.69.144.188                                                   |
| Browser                 | Chrome on Android                                                |

## Signing Consent & Review

|                                      |                                             |
|--------------------------------------|---------------------------------------------|
| Document opened                      | 2026-07-17 14:38:23 UTC                     |
| Document reviewed (scrolled through) | 2026-07-17 14:40:03 UTC                     |
| Consent confirmed                    | 2026-07-17 14:40:08 UTC from 185.69.144.188 |

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                     | 2026-07-17 14:32:43 | 45.145.101.64  | Unknown browser |
| Document sent to recipient           | 2026-07-17 14:33:13 | 45.145.101.64  | Unknown browser |
| Document opened by recipient         | 2026-07-17 14:38:23 | 185.69.144.188 | Chrome          |
| Document reviewed (scrolled through) | 2026-07-17 14:40:03 | 185.69.144.188 | Chrome          |
| Legally-binding consent confirmed    | 2026-07-17 14:40:08 | 185.69.144.188 | Chrome          |
| Document signed                      | 2026-07-17 14:40:08 | 185.69.144.188 | Chrome          |

Verify this certificate at <https://esign.fintrixor.co.uk/verify/01KXR8AGDDR XM G751C2NZM2XE3>