St. Alban's Medical Centre
26-28 St Alban's Crescent
Bournemouth
BH89EW

Date 17/08/2026

Our Ref: DSAR-20260817-B7F7BC
Client Ref: 101108

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:101108

Client Name: Miss Lynsay Carol Reilly
Client Reference: 101108
Client Address: 10 Helyar Road, Bournemouth, Dorset, BH8 0LX
Date of Birth: 17/04/1978
Name in Care:
Previous Address: 17 Clark Crescent, Stevenston, North Ayrshire, KA20 3LZ
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

Driver & Vehicle
Licensing
Agency

1206_1056095003_20821_1030_40200B
LYNSAY REILLY
10 HELYAR ROAD
BOURNEMOUTH
BH8 0LX

Date Printed: 17/07/2026

Acknowledgement

This confirms that we have updated our records for this vehicle and you are no longer the registered keeper of:

Vehicle registration number: AB08 SKU

Make: VOLKSWAGEN

Model: GOLF TDI S

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gov.uk/dvla

Letter of Authority

Autorisation to Act in Relation to Data Subject Access Requests

Full Name	Lynsay Reilly
Date of Birth	17/04/1978
Previous Names (if any)	
Current Address	10 Helyar Road Bournemouth Dorset BH8 0LX
Previous Address (relevant to care placements)	17 Clark Crescent Stevenston North Ayrshire KA203LZ
Mothers Name:	Elizabeth Anne Reilly
Fathers Name:	James Reilly

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	101108

Dear Sir/Madam,

I, Lynsay Reilly , 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	Lynsay Reilly
Date	20/07/2026

Certificate of Authenticity

Fintrixor — electronic signature record

Certificate ID	**01KXZWK0C1TG6VZVNSTYACTF5E**
Document ID	**01KXZW2THGETB8HAP8YEE1EJ7Y**
SHA-256 Document Hash	**4dd05f018d4427f5401164ff4616e8e344aaf954978d3bc84666b71b482c7fb5**
Recipient Name	**Miss Lynsay Carol Reilly**
Recipient Email	**lynsaylewis@hotmail.co.uk**
Signing Timestamp (UTC)	**2026-07-20 13:48:59**
IP Address	**86.18.212.98**
Browser	**Safari on iOS**

Signing Consent & Review

Document opened	**2026-07-20 13:41:13 UTC**
Document reviewed (scrolled through)	**2026-07-20 13:48:39 UTC**
Consent confirmed	**2026-07-20 13:48:59 UTC from 86.18.212.98**

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	**2026-07-20 13:40:09**	**45.145.101.64**	**Unknown browser**
Document sent to recipient	**2026-07-20 13:40:19**	**45.145.101.64**	**Unknown browser**
Document opened by recipient	**2026-07-20 13:41:13**	**86.18.212.98**	**Safari**
Document reviewed (scrolled through)	**2026-07-20 13:48:39**	**86.18.212.98**	**Safari**
Legally-binding consent confirmed	**2026-07-20 13:48:59**	**86.18.212.98**	**Safari**
Document signed	**2026-07-20 13:48:59**	**86.18.212.98**	**Safari**

Verify this certificate at https://esign.fintrixor.co.uk/verify/01KXZWK0C1TG6VZVNSTYACTF5E