

**The Fullarton Medical Practice**

40 Dalblair Road

Ayr

KA71UL

Date 01/06/2026

Ref: 100418

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Mrs Mary Mcfadyean

Client Reference: 100418

Client Address: 11 Murray Street , Ayr, KA8 9PG

Date of Birth: 02/08/1969

Also Known As: Mary Morrison

Name in Care: Mary Morrison

NHS Number:

Previous Addresses:

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,

Investigations Team

MMA Legal

E: [evidence@mmalegal.co.uk](mailto:evidence@mmalegal.co.uk)

T: 0161 563 0816

## **DEED OF AUTHORITY & CONSENT**

<b>THIS DEED is made on the date of signature below by (the “Client”)</b>	
Full Name:	Mary Mcfadyean
Date of Birth:	02/08/1969
Previous Names (if any):	
Current Address:	11 Murray Street Ayr KA8 9PG
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

<b>IN FAVOUR OF (the “Representative”)</b>	
Firm Name:	MMA Legal Limited
Address	43-59 Princess Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

### **1. STATUS AND CONSTRUCTION**

- 1.1.** This Deed is executed as a deed and constitutes valid written authority for the purposes of:
  - 1.1.1.** UK GDPR
  - 1.1.2.** Data Protection Act 2018
  - 1.1.3.** Common law confidentiality
  - 1.1.4.** Any related statutory, regulatory or supervisory framework
- 1.2.** This Deed shall be interpreted purposively and broadly to give full effect to the Client’s intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.
- 1.3.** This Deed is intended to provide clear and comprehensive authority for disclosure of the Client’s personal data.

### **2. APPOINTMENT**

- 2.1.** The Client appoints the Representative to act fully on their behalf in connection with:
  - 2.1.1.** An application to Redress Scotland;
  - 2.1.2.** Any review, reconsideration or appeal;
  - 2.1.3.** Evidence gathering and submission;
  - 2.1.4.** Any associated advisory, compensatory or restorative process.
- 2.2.** Requests made by the Representative shall be treated as made personally by the Client.

### **3. SCOPE OF AUTHORITY**

- 3.1.** This Authority applies to all public and private bodies including (without limitation):
  - 3.1.1.** Local Authorities and Councils
  - 3.1.2.** NHS Boards and GP Practices
  - 3.1.3.** Health & Social Care Partnerships
  - 3.1.4.** Integration Joint Boards
  - 3.1.5.** Religious bodies and orders
  - 3.1.6.** Residential and foster care providers
  - 3.1.7.** Education authorities and schools
  - 3.1.8.** Government departments
  - 3.1.9.** Archive services
  - 3.1.10.** Insurers holding historical liability files
  - 3.1.11.** Successor, merged or restructured public bodies
- 3.2.** The Authority applies whether Records are:
  - 3.2.1.** Archived, microfiche, digitised or handwritten;
  - 3.2.2.** Stored off-site by contractors;
  - 3.2.3.** Held by dissolved or reconstituted institutions;
  - 3.2.4.** Transferred following statutory reorganisation.
- 3.3.** The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
  - 3.3.1.** The institution has closed or restructured;
  - 3.3.2.** Records are archived or require manual retrieval;
  - 3.3.3.** Records are held by insurers or successor bodies;
  - 3.3.4.** Retrieval involves time or administrative burden.

### **4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT**

- 4.1.** For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
  - 4.1.1.** Physical and mental health records
  - 4.1.2.** Psychiatric and psychological reports
  - 4.1.3.** Therapy and counselling notes
  - 4.1.4.** CAMHS records
  - 4.1.5.** Social work and safeguarding files
  - 4.1.6.** Ethnicity or religious data where recordedThis includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

## **5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT**

**5.1.** For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- 5.1.1.** Criminal offence data
- 5.1.2.** Police investigation material
- 5.1.3.** Child protection investigations
- 5.1.4.** Statements and intelligence logs
- 5.1.5.** Outcome decisions

including records held by:

- 5.1.6.** Police Scotland
- 5.1.7.** Any predecessor Scottish police force
- 5.1.8.** Prosecuting authorities.

## **6. THIRD-PARTY DATA AND REDACTION**

- 6.1.** The existence of third-party data shall not justify refusal to disclose the Client's personal data.
- 6.2.** Where necessary, redaction shall be limited strictly to third-party information.
- 6.3.** Mixed data shall be disclosed in redacted form rather than withheld in entirety.

## **7. PROPORTIONALITY AND REASONED DECISION-MAKING**

- 7.1.** Any refusal, limitation or redaction must:
  - 7.1.1.** Identify the specific statutory exemption relied upon;
  - 7.1.2.** Explain how that exemption applies to the particular Record;
  - 7.1.3.** Confirm why partial disclosure is not possible;
  - 7.1.4.** Be communicated in writing.
- 7.2.** Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
- 7.3.** Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

## **8. VALIDITY AND FORMAL REQUIREMENTS**

- 8.1.** This Deed remains valid for 24 months from execution unless withdrawn in writing.
- 8.2.** Disclosure shall not be refused because:
  - 8.2.1.** An internal template form has not been used;
  - 8.2.2.** The Authority is considered "out of date" within internal policy;
  - 8.2.3.** Additional consent is sought beyond reasonable identity verification.
- 8.3.** Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

## **9. REGULATORY AND STATUTORY RIGHTS**


In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

### **EXECUTION AS A DEED**

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Mary Mcfadyean
Date	31/03/2026

Witness	
Name	Gemma Rawston
Address	43-59 Princess Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	Gemma Rawston
Date	31/03/2026

# Completion Certificate

Reference ID: f5fbf8b8-d98c-44b2-98b9-e11a9918dee0

## Document Details

**Document Name(s):** part-1, part-3, cfa, loa, fee-clarity  
**Total Pages:** 4  
**Sent By:** Gemma Rawston (195.21.72.3)  
**Completed Date:** Mar 31, 2026 13:50:44 UTC

## Signer Information

**Name:** Mrs Mary Mcfadyean  
**Email:** mmcfad69@gmail.com  
**Telephone:** 07742462590  
**IP Address:** 109.224.131.211



Verified Electronic Signature

## Audit Trail

Action	Timestamp	IP Address
Created	2026-03-31 13:48:41	System
Document link sent to client by sms	2026-03-31 13:48:42	System
Document link sent to client by email	2026-03-31 13:48:42	System
Document link opened by client	2026-03-31 13:48:56	66.249.81.128
Document electronically signed	2026-03-31 13:50:44	109.224.131.211

## Security Verification

SHA-256 Checksum: 9735a23e730254f1016efdaee20c38d33ae5336f1a3f3d75d314dac1286e8efb

*This document is a legally binding record of the e-signature process.*



Social Security Scotland  
Tèarainteachd Shòisealta Alba

09526/35783

Mary Mcfadyean  
11 MURRAY STREET  
AYR  
Scotland  
KA8 9PG



30700



Adult Disability Payment  
PO Box 27178  
GLASGOW  
G4 7ED

Freephone: 0800 182 2222

[mygov.scot/benefits](http://mygov.scot/benefits)

13 February 2026

Dear Mary,

#### Payment Increase

We're getting in touch to let you know that your payment will be increasing in April because of the annual increase in Adult Disability Payment.

Your weekly daily living component rate has changed because of the annual increase in Adult Disability Payment. Your new weekly payment will be:

- Standard rate daily living component will increase from £73.90 to £76.70

Your increased award will start from 6 April 2026

Your Adult Disability Payment will continue to be paid to you every 4 weeks and the payment day will remain the same.

#### If you need to contact us

You can call us free on 0800 182 2222 if you want to get in touch. If you have any questions, we'll be able to help you quicker if you know your National Insurance number. Our opening times are Monday to Friday, 8am to 5pm.

#### If anything changes

Your award is based on your current needs. If anything changes then your award might need to be adjusted in case you're getting award payments that are not right for your new level of need. Your award might also stop if you no longer meet the eligibility criteria for the benefit.

Dignity, fairness, respect.

CERTIFIED COPY  
Pursuant to the Births and



OF AN ENTRY  
Deaths Registration Act 1953

BCP 832429

NHS Number	GBFES.684	BIRTH	Entry No.	484
Registration district	Nottingham	Administrative area	County Borough of Nottingham	
Sub-district	Nottingham			
1. Date and place of birth	CHILD Second August 1969. City Hospital, Nottingham			
2. Name and surname	Mary MORRISON			Female
3. Name and surname	FATHER George Brown MORRISON			
4. Place of birth	Drongan, Ayrshire			
5. Occupation	Coal Miner (Face Worker)			
6. Name and surname	MOTHER Catherine MORRISON			
7. Place of birth	Mossblown, Ayrshire			
8. (a) Maternal surname	ROBERTSON			(b) Surname of marriage if different from maternal surname
9. Usual address (if different from place of child's birth)	254, Woodborough Road, Nottingham			
INFORMANT				
11. Name and surname (if not the mother or father)			12. Qualification	Mother
13. Usual address (if different from that in 10 above)				
14. I certify that the particulars entered above are true to the best of my knowledge and belief				
Catherine Morrison			Signature of informant	
15. Date of registration	Twentysecond August 1969.		16. Signature of registrar	B. Hollis Deputy Registrar
17. Name given after registration and surname				

certified to be a true copy of an entry in a register in my custody.

Veronica J. Volant

{ Deputy Registrar

\*Superintendent Registrar

\*Registrar

Date 03 APR 2023

\*Strike out whichever does not apply

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WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.