Waverley Medical Practice (Coatbridge)

Coatbridge Health Centre

1 Centre Park Court

Coatbridge

ML53AP

Date 18/08/2026

Our Ref: DSAR-20260818-D26D2B

Client Ref: 101146

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference:101146

Client Name: Miss Lisa Fallon
Client Reference: 101146
Client Address: 56 Croy Road, Coatbridge, Scotland, ML5 5JG
Date of Birth: 01/09/1977
Name in Care:
Previous Address: 25 Marshall St, Coatbridge, Scotland
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

Rent Ref: 589500504
Contact: Your Local Area Office
Tel: 01236 758010
Email: Northrents@northlan.gov.uk
Date: 15/06/2026

NORTH LANARKSHIRE COUNCIL
COMHAIRLE SIORRACHD LANNRAIG A TUATH

308A

1047/4185/1/2/4432483
Miss Lisa Fallon
56 Croy Road
Coatbridge
Lanarkshire
ML5 5JG

Enterprise and Communities
Area Housing Office

Burnhead Street
Uddingston
Glasgow
G71 5DD

www.northlanarkshire.gov.uk

Dear Miss Fallon

Annual Rent Statement

Please find enclosed your rent statement for the last 12 months. This is correct as of the date of this statement. Any recent payments made, or charges received may not be included.

If the balance on your statement has a CR at the end of it, this means your account is in credit and is for information only. If the statement shows a DR at the end, then your account is in arrears meaning you owe money to your rent account.

If you currently pay by Direct Debit and the statement shows that you are in arrears, you do not need to take any further action as your Direct Debit will have been set up with a recovery towards the outstanding arrears included.

If you are having issues making payments, including financial difficulties we offer several services to help you, so please contact us right away on the number at the top of this letter.

If you are of working age, on a low income or out of work, you may be able to claim Universal Credit. To apply online visit www.gov.uk/universal-credit.

If you are of pension age and need help to pay your rent, you may be eligible for Housing Benefit. To find out more contact our Benefit Team on 01698 403210 or go to www.northlanarkshire.gov.uk/benefitcalculator

Yours sincerely

Stephen Llewellyn
Chief Officer (Housing)

1047 [1/2]
56272NP [1]

disability confident LEADER

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Letter of Authority

Autorisation to Act in Relation to Data Subject Access Requests

Full Name	Lisa Fallon
Date of Birth	01/09/1977
Previous Names (if any)	
Current Address	56 Croy Road Coatbridge Scotland ML5 5JG
Previous Address (relevant to care placements)	
Mothers Name:	
Fathers Name:	

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	101146

Dear Sir/Madam,

I, Lisa Fallon , 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	Lisa Fallon
Date	21/07/2026

Certificate of Authenticity

Fintrixor — electronic signature record

Certificate ID	**01KY2BC4VG73ZXNFZXSRPWC3K7**
Document ID	**01KY2B61KTWAGVPADXVRNWZVHY**
SHA-256 Document Hash	**bbae493bfad4ffdca5deb73130aa04750827ffc8b2a4aeb5595183bd83156419**
Recipient Name	**Miss Lisa Fallon**
Recipient Email	**lisafallon341@gmail.com**
Signing Timestamp (UTC)	**2026-07-21 12:45:52**
IP Address	**176.250.57.143**
Browser	**Chrome on Android**

Signing Consent & Review

Document opened	**2026-07-21 12:42:47 UTC**
Document reviewed (scrolled through)	**2026-07-21 12:45:44 UTC**
Consent confirmed	**2026-07-21 12:45:52 UTC from 176.250.57.143**

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	**2026-07-21 12:42:32**	**45.145.101.64**	**Unknown browser**
Document sent to recipient	**2026-07-21 12:42:39**	**45.145.101.64**	**Unknown browser**
Document opened by recipient	**2026-07-21 12:42:47**	**66.249.81.169**	**Chrome**
Document opened by recipient	**2026-07-21 12:42:57**	**66.102.7.33**	**Chrome**
Document opened by recipient	**2026-07-21 12:43:24**	**176.250.57.143**	**Chrome**
Document opened by recipient	**2026-07-21 12:43:30**	**195.70.94.138**	**Chrome**
Document reviewed (scrolled through)	**2026-07-21 12:45:44**	**176.250.57.143**	**Chrome**
Legally-binding consent confirmed	**2026-07-21 12:45:52**	**176.250.57.143**	**Chrome**
Document signed	**2026-07-21 12:45:52**	**176.250.57.143**	**Chrome**

Verify this certificate at https://esign.fintrixor.co.uk/verify/01KY2BC4VG73ZXNFZXSRPWC3K7