**Data Protection Act 1998 - Subject Access Request Application Form**

**PLEASE USE BLOCK CAPITALS**

**Section 1 - Applicant (To be completed in all cases)**

**Please place a tick in the box for one of the following:**

X

**I am the Data Subject. I am requesting access to my personal information**

**I am NOT the Data Subject. I am requesting access on behalf of the Data Subject**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename (s):** |  |
| **Title:**  |  |
| **Previous name (s):**  |  |
| **Date of Birth:**  |  |
| **Address:**  |  |
| **Post Code:**  |  |
| **Telephone number:** |  |
| **Email address:** **Please note this is the address the records will be sent to if requested via email** |  |

**Representative information – if completing on behalf of the Data Subject**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forename:** |  |
| **Title:** |  |
| **Relationship to Data Subject:** |  |

**Information required – Please tick where appropriate**

|  |  |
| --- | --- |
| **Electronic Record from date of Registration with the Practice** |  |
| **Electronic Record including all hospital correspondence from date of Registration** |  |
| **Full medical records (old paper records included) – please note these can take up to two months** |  |
| **Test results – please provide details, i.e. blood tests, scans etc** |  |

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act. & GDPR 25/5/18

**Please select one box below:**

⌧2/12/22 I am the patient/client/staff member (data subject).

❑ I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.

❑ I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).

❑ I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)

❑ I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.

❑ I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).

❑ I am the deceased patient/client’s personal representative and attach confirmation of my appointment.

❑ I have a claim arising from the patient/client’s death and wish to access information relevant to my claim (Covering letter with further details to be supplied).

**Please Note:**

* If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
* It will be necessary to provide evidence of identity (i.e. Driving Licence or passport).
* If there is any doubt about the applicant’s identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
* Under the terms of the Data Protection Act, requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
* For requests under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient/client’s record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.

Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed

Signed: ………………………………………………………… Date:………………………………………………………………..

Approved by: …………………………………(office use only) Date: ………………………………………………………………