

Subject Access Request Form – Accessing Your Personal Information

About the Form

This form should be used if you wish to find out what information, if any, Torbay and South Devon NHS Foundation Trust is holding or processing that relates to you. This form should also be used to request information about a deceased patients health records.

In order to provide you with the information you are seeking please provide as many details as possible regarding the records you are wishing to receive.

How to Submit Your Application

You can complete the form **electronically** and send it to us by email or you can **print off** the form, complete it, and send it in the post.

Please return you completed application form to dataprotection.tsdft@nhs.net or post it to us at:

Data Access and Disclosure Office
Kitson Hall
Torbay Hospital
Loves Bridge
Torquay
TQ2 7AA

If you require this form in a different format or language, please contact the Data Access & Disclosure Office at the above address or telephone: 01803 654868

Our Response

In most cases we will provide you with a copy of your information within one month of receipt of your request.

If your request is complex or numerous we may extend this time by a further two months. If this is the case we will inform you within one month of the receipt of the request and explain why the extension is necessary.

Your Checklist

Is your contact information correct?

Have you described what information you require?

Have you enclosed acceptable identification?

Have you signed the form?

Section 1: Whose information are you requesting?

Title:	Surname:		
Forename(s):			
Date of Birth:	Hospital/NHS Number (if known):		
Email Address:	Telephone:		
Home Address:			
Postcode:			
Your Preferred Method of Contact: Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/>			

If the above has been known by a different name or has lived at a different address during the period to which the information required relates, please give details below:

Name:	
From (date):	To (date):
Home Address:	
Postcode:	

How would you like the records to be disclosed to you?

Post Electronically Collection

If you have chosen Electronically, this is done through a secure online system called Patient Knows Best (PKB). We will provide more information when we acknowledge your request.

N.B: Although we will endeavour to make the disclosure by your preferred method this may not always be possible, we will contact you if not.

Section 2: Are you acting on behalf of the above person?

If you are not the person above then please complete the following section. If you are the person above, please move on to **Section 3**.

Title:	Surname:		
Forename(s):			
Email Address:	Telephone:		
Home Address:			
Postcode:			
Your Preferred Method of Contact: Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/>			

Your relationship to the person you are acting on behalf of, please tick appropriate box:

- I have parental responsibilities for the child who is a minor (under 13 years old) – I understand that the data requested is that of the child’s and have attached their birth certificate.
- I am the deceased person’s personal representative and I have a claim arising from the patient’s death.
- I am the person’s legal representative – I have attached their consent.
- Other – please provide full details below:

Section 3: Proof of Identification and Supporting Documents

In order to confirm your identity, you will need to send to us BOTH:

- A copy of one of the documents from the **proof of identity** list below,
- A copy of one of the documents from the **proof of address** list below.

If you are acting on behalf of the person whose records you are requesting we will need proof of identification for the person and yourself.

Please tick the appropriate box to indicate which document you have enclosed:

Proof of Identity	Proof of Address
<input type="checkbox"/> Current Passport	<input type="checkbox"/> Utility Bill (no more than 6 months old)
<input type="checkbox"/> Current Driving Licence	<input type="checkbox"/> Council Tax Bill (for current year)
<input type="checkbox"/> Other (please give details):	<input type="checkbox"/> Other (please give details):

For requests regarding a person who is deceased

In addition to providing evidence of your identity, please tick the appropriate box to indicate which document you have enclosed and provide information about the claim you are making arising from the death of the deceased:

- Executor of the will** – copy of the last will executed by the deceased person, certified by a solicitor, showing the applicant named as executor.
- Letters of administration** – copy of such letters, certified by a solicitor, naming the applicant as having been granted letters of administration in respect of the deceased’s estate.
- Details of the grounds of a claim** – of which the applicant is entitled to make, arising from the death of the deceased.

Section 4: What information are you requesting?

In order for us to identify exactly what information to provide please complete the table below with as much detail as possible.

Please tick ALL relevant boxes to indicate which types of records you wish to access:	<input type="checkbox"/> Medical Records (e.g. written notes, letters)
	<input type="checkbox"/> A&E Records
	<input type="checkbox"/> Physiotherapy Records
	<input type="checkbox"/> Radiology Images and Reports
	<input type="checkbox"/> Maternity Records
	<input type="checkbox"/> Adult Social Care Records
	<input type="checkbox"/> Sexual Health Records
	<input type="checkbox"/> Personnel Files (Trust staff only)
	<input type="checkbox"/> Health Visitor Records
	<input type="checkbox"/> Other – please state
Information requested covers the dates:	From: To:
Any further helpful information:	

If the information you are requesting relates to **Health Records** please help us to complete your request quickly and efficiently by giving as much detail as possible about the information you want. If possible restrict your request to a particular service, period of time or incident. If necessary continue this section on a separate sheet.

Period Covered	From:	To:
Hospital Attended		
Ward/Department/ Speciality		
Consultant (if known)		
Diagnosis/Reason for Visit		

Period Covered	From:	To:
Hospital Attended		
Ward/Department/ Speciality		
Consultant (if known)		
Diagnosis/Reason for Visit		

Section 5: Declaration - Please complete EITHER...

Part A – If you are requesting your own information or are the legal parent/guardian of the child who is a minor.

Part B – If you are giving authority to a representative to act on your behalf.

Part C – If you are requesting access to a deceased’s health records.

Part A:

I, the undersigned, declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under the General Data Protection Regulation for access to personal data that the Trust holds about me. I understand that it is necessary for Torbay and South Devon NHS Foundation Trust to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.

Full Name (print):

Signed:

Date:

Part B:

I hereby give my consent for the below named to make a Subject Access Request (SAR) on my behalf under the General Data Protection Regulation to Torbay and South Devon NHS Foundation Trust. I am aware that it is an offence to unlawfully obtain such information, for example, by impersonating the patient. I certify that the information given in this form is true.

Full Name (print):

Signed:

Date:

Full Name of representative (print):

Signed:

Date:

Part C: I am requesting access to:

.....(full name of deceased patient)

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under the Access to Health Records Act 1990 because:

- I have a claim arising from the data subject’s death.
- I am a personal representative and have a claim arising from the data subject’s death
- I am an executor and have a claim arising from the data subject’s death

Full Name (print):

Signed:

Date: