

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, the Torbay and South Devon NHS Foundation Trust is holding or processing that relates to you.

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.

Data Subject (your name)

Title:

Surname: Forename(s):

Address:

..... Postcode:

Date of Birth: Hospital/NHS Number (if known):

Email Address:

Contact Telephone Number:

If your name and/or address has changed since attendance, please give details below

Previous Name:

Previous Address:

What Information Are You Requesting?

Records requested (e.g. specific treatments/illness/condition):

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On/During (Month/Year if known):

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

☐ Post ☐ Electronically ☐ Secure Email (Egress)

If you have chosen to have the records disclosed to you 'Electronically', this is done through a secure online system called Patients Know Best (PKB).

If you are new to Patients Know Best, please register by following this link:

<https://my.patientsknowbest.com/registerPatientStart.action?icode=torbay-dataaccess>

Or scan this QR code using the camera on your mobile device:



Details of Applicant (Please complete this section if you are completing the form on behalf of the patient/service user who is the data subject)

Title:

Surname: Forename(s):

Address:

..... Postcode:

Email Address:

Contact Telephone Number:

Relation to Data Subject:

Proof of Identification and Supporting Documents

In order to confirm your identity, you are required to send a copy of both:

- Proof of Identity (such as passport, drivers licence or birth certificate)
- Proof of Address (such as a current utility or council tax bill)

If you are acting on behalf of the person whose records you are requesting, we require forms of identification for yourself and the data subject.

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)

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 (If you are giving authority to a representative to act on your behalf)

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 information given in this form is true.

Full Name (data subject):

Signed: Date:

Full Name (representative):

Signed: Date:

In accordance with Article 12 (3) of the UK General Data Protection Regulation, we are required to respond to your request within one month of receipt, however this can be extended by two further months where necessary, taking into account the complexity and number of the requests. Please note – clinical requirement of your notes will always be a priority

Please send your completed form (with copies of identification) to:

By Email

dataprotection.tsdf@nhs.net

By Post

Data Access and Disclosure Office

Belmont Court

Torbay and South Devon NHS Foundation Trust

Torquay, TQ2 7AA