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| http://nww.intranet.rdash.nhs.uk/wp-content/uploads/2012/07/Rotherham-Doncaster-and-South-Humber-NHS-Foundation-Trust-RGB-BLUE-700x314.jpg |
| **Application to Access Personal Information** |
| **Part 1 – person the information relates to (the data subject)** |
| Title *(please circle)* | Mr. | Mrs. | Miss | Ms | Other *(please specify):* |
| Surname |  | Forename(s) |  |
| Date of Birth |  | Gender *(please circle)* | Male | Female |
| Current Address |  |
| Post Code |  | Telephone No/ email address |  |
| If the name and/ or address given above have changed during or since treatment, please give details: |
| Previous Name(s) or aliases |  |
| Previous Address |  |
| **Part 2 – who is making this request, are you the data subject?***(delete as appropriate)* |
|  **Yes, I am the data subject**  *(go to Part 4)* | **No, I am not the data subject***(Go to Part 3)* |
| **Part 3 – details of person acting on behalf of the data subject – signature required Part 7** |
| Title *(please circle)* | Mr. | Mrs. | Miss | Ms | Other *(please specify):* |
| Surname |  | Forename(s) |  |
| Address |  |
| Post Code |  | Telephone No. |  |
| **Part 3a – nature of request being made on behalf of the data subject (*the following questions do not need to be answered if the data subject has given authority in Part 2 for you to make this request)*** |
| 1. Do you have legal authority to request the data subject’s information, e.g.: letter of authority, Lasting Power of Attorney? *(please circle your response)*
 | Yes*Go to Q.2* | No*Go to Q.3* |
| 1. If you have legal authority to request the data subject’s information, have you attached proof? Your application will not be processed without proof *(please circle your response)*
 | Yes*Go to Part 4* | No |
| 1. Do you have parental responsibility for the data subject who is under 12 years of age? *(please circle your response)*
 | Yes*Go to Q.4* | No*Go to Q.5* |
| 1. If you have parental responsibility for the data subject, have you attached proof (eg child’s full birth cert, court order, etc) Your application will not be processed without proof *(please circle your response)*
 | Yes*Go to Part 4* | No |
| 1. Is the data subject deceased? *(please circle your response)*
 | Yes*Go to Q.6* | No |
| 1. Are you the deceased data subject’s personal representative (executor or estate administrator)? *(please circle your response)*
 | Yes*Go to Q.7* | No*Go to Q.8* |
| 1. If you are the deceased data subject’s personal representative, have you attached proof? Your application will not be processed without proof *(please circle your response)*
 | Yes*Go to Part 4* | No |
|  1. Do you have a claim arising from the data subject’s death? *(please circle your response)*
 | Yes*Go to Q.9* | No |
| 1. If you have a claim arising from the data subject’s death, have you attached proof? Your application will not be processed without proof *(please circle your response)*
 | Yes*Go to Part 4* | No |
| **Part 4 – proof of identity** *(to be completed by the data subject if making the application, otherwise to be completed by the person acting on behalf of the data subject*) |
| The Trust has a duty to ensure personal information is kept secure. In most cases we will require **copies** of two items of evidence of identity and **all ID must be current**. Please see table below:

|  |  |
| --- | --- |
| **Type of Applicant** | **Type of Evidence** |
| An individual applying for their own records  | **Two** items of proof of identity required, eg - Full birth certificate; - passport;- driving license; - marriage certificate |
| Someone applying on behalf of an another individual – over the age of 12 | * **Two** item of proof of the person’s identity A**ND**
* **One** item of proof of the representative’s identity (*individuals only - does not apply to solicitors, orgs, etc)* (see examples above)
 |
| Someone applying on behalf of an another individual – under the age of 12 | * **Two** items of proof of the person’s identity A**ND**
* **One** item of proof of the representative’s identity (*individuals only - does not apply to solicitors, orgs, etc)* (see examples above)
* **Proof of Parental Responsibility**: Copy of Full Birth Certificate or copy of Court Order appointing Parental responsibility, Adoption Order, etc.
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| Power of Attorney/ Agent applying on behalf of an individual | * Copy of Power of Attorney **PLUS**
* **Two** item of proof of the person's identity **AND**
* **one** item of proof of the representative's identity (see examples above)
 |
| ***Deceased Records:***Patients representative e.g. executor or administrator of estate | * Proof of requestor’s identity **AND**
* Copy of Death Certificate
* Evidence that they are either Executor or Administrator of the deceased patient’s estate. Evidence could be:
* Solicitors letter / Copy of the will
* Letter of Administration
 |
| Person with a claim arising out of the patients death | * Proof of requestor’s identity **AND**
* Copy of Death Certificate
* Evidence of claim, which could be:
* Solicitors letter / Copy of the will
 |

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| **Part 5 – details of information being requested *(to include hospital/consultant, ward/clinic, condition/illness and dates where known)*** |
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| **Part 6 – declaration – I am the Data Subject – Please tick and sign as appropriate** |
| 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 GDPR and the Data Protection Act 2018 for access to personal data that the Trust holds about me under the terms of that Act. I understand that it is necessary for the 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. I hereby give my consent for the person in Part 3 and named below to make a Subject Access Request (SAR) on my behalf under the Data Protection Act 2018 to the Trust. |
| Full Name |  |
| Signature |  | Date |  |
| **Part 7 – declaration - Representative acting on the behalf of the data subject.**  |
| I have been asked to act by the data subject and above is the data subject’s written authorisation. 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 |  |
| Signature |  | Date |  |