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| **Appendix J**  **Application for Access to Health Records** | | | | | | | | |
| **Part 1 – person that the requested 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. | |  | | |
| If the name and/ or address given above have changed during or since treatment, please give details: | | | | | | | | |
| Previous Name(s) |  | | | | | | | |
| Previous Address |  | | | | | | | |
| **Part 2 – who is making this request, are you the data subject?**  *(delete as appropriate)* | | | | | | | | |
| **Yes, I am the data subject** | | |  |  | **No, I am not the data subject**  *Go to Part 3* | | |  |
| Are you authorising another person to make this request on your behalf? *(please circle)* | | | | | Yes | | No  *Go to Part 4* | |
| If you are authorising someone to make this request on your behalf, please sign to authorise the person named in Part 3 | | | | | Signature |  | | |
| **Part 3 – details of person acting on behalf of the data subject** | | | | | | | | |
| 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* |
| 2. 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 |
| 3. Do you have parental responsibility for the data subject who is under 16 years of age?  *(please circle your response)* | | | | | | | Yes  *Go to Q.4* | No  *Go to Q.5* |
| 4. If you have parental responsibility for the data subject, have you attached proof (e.g. child’s  birth cert, court order, etc) Your application will not be processed without proof *(please circle your response)* | | | | | | | Yes  *Go to Part 4* | No |
| 5. Is the data subject deceased? *(please circle your response)* | | |  |  |  |  | Yes  *Go to Q.6* | No |
| 6. 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* |

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| 7. 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 |
| 8. Do you have a claim arising from the data subject’s death? *(please circle your response)* Yes No  *Go to Q.9* | | | | | | | | |
| 9. If you have a claim arising from the data subject’s death, have you attached proof? Your Yes No application will not be processed without proof *(please circle your response) Go to Part 4* | | | | | | | | |
| **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. We must be satisfied you are who you say you are. Please provide evidence of your identity by attaching **copies of two of the following documents**: both documents must  be current and valid and show your name; at least one must also show your current address.*(Please circle your attachments)* | | | | | | | | |
| Passport | | Driver’s licence | Biometric residence permit | UK certificate of naturalisation | | | UK birth or adoption certificate | |
| National Insurance card | | Benefits claim letter (within 3 months) | P45, P60 or recent pay slip (within 3 months) | Marriage certificate | | | Divorce papers (nisi or absolute) | |
| Student union card | | School record | Letter confirming eligibility for State Pension | Employer ID/ letter from employer (within  3 months) | | | Medical card | |
| VAT exemption certificate | | Life insurance policy | Recent bank statement (within 3 months) | Recent utility bill (within 3 months) | | | Prison discharge certificate | |
| If you are unable to provide two from the above we will accept a letter confirming your identity and current address from a suitable person who is a UK resident adult, has known you for at least 2 years and is not a relative. Examples of suitable persons include business owners, librarians, professionally qualified people (doctors, lawyers, teachers, etc.), police officers, bank officers, civil servants, ministers of religion, magistrates, local councillors and members of parliament/ Scottish parliament/ the National Assembly of Wales/ European parliament | | | | | | | | |
| **Part 5 – litigation claims against the Trust** | | | | | | | | |
| Is this request being made in connection with a claim against the Trust? *(please circle your* Yes No  *response)* | | | | | | | | |
| **Part 6 – details of information being requested *(to include hospital/consultant, ward/clinic, condition/illness and dates)*** | | | | | | | | |
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| **Part 7 – declaration** | | | | | | | | |
| I certify that the information provided on this form is true. I understand that Rotherham Doncaster and South Humber NHS Foundation Trust are obliged to confirm proof of my identity. I am aware that unlawfully obtaining or attempting to obtain personal information is a criminal offence and is liable to prosecution. I confirm that *(delete as appropriate)*:   * I am the data subject * I have the data subject’s authority / legal authority to make this claim * I am acting with parental responsibility (*in loco parentis*) as the data subject is under 16 years of age * I am the deceased data subject’s personal representative, executor or estate administrator * I have a genuine claim arising from the deceased data subject’s death | | | | | | | | |
| Full Name |  | | | | | | | |
| Signature |  | | | | Date |  | | |