[](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-blue/)

# 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 |  | Forname(s) |  |
| Date of Birth |  | Gender (please circle) | Male Female |
| Current Address |  |  |  |
| Post Code |  | Telephone number or 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)

|  |  |  |  |
| --- | --- | --- | --- |
| Title (please circle) | Mr. Mrs. | Miss Ms | Other (please specify): |
| Surname |  | Forname(s) |  |
| Current Address |  |  |  |
| Post Code |  | Telephone number or email address |  |

## 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, for example: letter of authority, Lasting Power of Attorney? (please circle your response) | Yes  Go to question 2 | No  Go to question 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 question 4 | No  Go to question 5 |
| 1. If you have parental responsibility for the data subject, have you attached proof (for example, 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 question 6 | No |
| 1. Are you the deceased data subject’s personal representative (executor or estate administrator)? (please circle your response) | Yes  Go to question 7 | No  Go to question 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, for example:   * 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   **AND**   * **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   **AND**   * **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. |
| Power of attorney or agent applying on behalf of an individual | * Copy of power of attorney   **PLUS**   * **Two items** of proof of the person's identity   **AND**   * **one item** of proof of the representative's identity (see examples above) |
| Deceased records:   * patients representative, for example, 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 |

## Part 5, details of information being requested (to include hospital/consultant, ward/clinic, condition/illness and dates where known)

|  |
| --- |
|  |

## 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 |  |