###

### APPLICATION FOR ACCESS TO HEALTH RECORDS

**GENERAL DATA PROTECTION REGULATION (GDPR)**

**SUBJECT ACCESS REQUEST**

#### *Please complete in block capitals*

### Section 1 – Patient Details *(Note 1 – see back page)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename(s):** |  |
| **Address:** |  | **Date of****Birth:** |  | **Sex:****M/F** |  |
|  |  | **Tel No: (Home)** |  |
|  |  | **Tel No: (Other)** |  |
| **Postcode:** |  |  |  |

*If name and/or address was different from the above during the period(s) to which your application relates, please give details below:*

|  |  |  |
| --- | --- | --- |
| **Previous Surname:** | **1.** | **2.** |
| **Previous Address:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Dates From/To:** |  |  |

**Section 2 – NHS Contacts *(Note 2)***

*Please provide as much information as possible. Give full details of all the treatment periods you are interested in. Please add any additional comment below:*

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS Premises Attended** | Ward/Clinic/Dept | **Health Care Professional** | **Dates** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Additional Information:** |

**Section 3 – Declaration *(Note 3)***

*This section of the form must be signed in the presence of the person who countersigns your application.*

**I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to above under the terms of the Data Protection Act 1998.**

* I am the patient *(Go to Section 4)*
* I have been asked to act by the patient and the patient has completed the authorisation section *(Go to Section 5)*
* I am the parent/guardian of a patient who is under 16 years of age who has completed the authorisation section *(Go to Section 5)*
* I am the parent/guardian of a patient who is under 16 years of age who is unable to understand the request *(Go to Section 6)*
* I have been appointed by the Court to manage the affairs of the patient *(Go to Section 6)*

**Section 4– Applicant Details *(Note 4)***

|  |  |
| --- | --- |
| **Applicant’s Name (Please print)** |  |
| **Address to which reply should be sent (if different from previously stated) including postcode** |  |
| **Signature of Applicant** |  |

**Section 5 – Authorisation *(Note 5)***

**I hereby authorise NHS Ayrshire & Arran to release any Personal Data they may hold relating to me to the person stated below to whom I have given consent to act on my behalf:**

|  |  |
| --- | --- |
| **Authorised person (please print)** |  |
| **Signature of Patient** |  |
| **Date** |  |

**Section 6 – Countersignature *(Note 6)***

*(To be completed by the person required to confirm the applicant’s identity:*

**I *(insert full name)***

**certify that the applicant *(insert name)* has been**

**known to me as *(insert in what capacity e.g. an employer, a client, a patient etc)***

 **for years and that I have witnessed the**

**signing of the above declaration.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Name** |  | **Profession** |  |
| **Address** |  |
| **Postcode** |  | **Telephone No.** |  |

**Once complete, please send this form to:**

**Legal Office**

**Medical Records**

**University Hospital**

**Crosshouse**

**KA2 0BE**

Official Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Date Completed |  |

|  |
| --- |
| Comments: |

##### Notes to assist in the completion of the form

**Please note that this form only applies to information held by**

**NHS Ayrshire & Arran**

## Note 1 – Patient Details

Please ensure that this section is competed as fully and accurately as possible to enable us to trace all the data relating to you. This is particularly important if your name and/or address have changed since the period to which your application refers.

## Note 2 – NHS Contacts

Please complete as much of this section on your treatment as you can. It will help us to find your details with the minimum of delay.

## Note 3 – Declaration

The person making the application must complete this section.

1. if you are the patient go straight to Section 6
2. if you are completing this application on behalf of another person, in most instances, the Division will require their authorisation before we can release the data to you. The patient whose information is being requested should be asked to complete the ‘Authorisation’ section of the form (Section 5)
3. if the patient is a child, i.e. under 16 years of age, the application may be made by someone with parental responsibilities; in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application, his/her consent should be obtained or alternatively the child may submit an application on their own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. All cases will be considered individually.

## Note 4 – Applicant

The applicant is the person who is applying on behalf of the patient to get access to the records.

## Note 5 – Authorisation

The patient must complete this section authorising the Division to release information to the named applicant.

## Note 6 – Countersignature

Because of the confidential nature of data held by the Division, it is essential for us to obtain proof of your identity and your right to receive any relevant data. For this purpose it is essential that your application should be countersigned by any one of the following: an MP, JP, Minister of Religion, a professionally qualified person (e.g. doctor, lawyer, engineer, teacher), bank officer, established civil servant, police officer or a person of similar standing **who has known you personally.** A relative should not countersign. It is the responsibility of the Division to confirm that the countersignature is genuine. In certain cases you may be asked to produce further documentary evidence of identity.

The person who countersigns your application is only required to confirm your identity and witness you signing the ‘Declaration’. There is no requirement for this person to either see the contents of the rest of the form or to give any assurance that the other particulars supplied are correct.