# Subject Access Request Application Form

|  |
| --- |
| **Send your filled-in form to:**Email: nhsb.dpa@borders.scot.nhs.ukBy post:Subject Access TeamMedical Records Department Borders General HospitalMelroseTD6 9BS |

The General Data Protection Regulation (GDPR) gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a ‘subject access request’.

Only the following people may apply for access to personal information.

* The person who the information is about
* Someone acting on behalf of the person who the information is about

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to the following.

* Confirmation that we are processing your personal data
* A copy of your personal data

You also have the right to have any codes or jargon explained. There is supplementary information published in our Privacy Notice on our website (<http://www.nhsborders.scot.nhs.uk/privacy-notice/>) that gives more information regarding your rights.

You won’t be able to see information that could:

* Cause serious harm to your physical or mental health, or anyone else’s
* Identify another person (except members of NHS clinical staff who have treated the patient), unless that person gives their permission.

If you need any more advice about your rights under the Data Protection legislation, please contact our data protection advisor at the address on the next page. Or you can contact:

The Information Commissioner’s Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Helpline number: 0303 123 1113

ICO web page address - [ico.org.uk/for-the-public](https://ico.org.uk/for-the-public)

**IMPORTANT**

If you want to make a subject access request you just need to let us know. **You don’t have to use this form** but if you do it will guide you to providing us with all the information we need to be able locate your personal data. This should speed up the time it will take us to respond to your request.

**Fee**

Normally there will be no charge to receive your information. However, the GDPR does allow us to charge a reasonable fee to cover administration costs if your request is manifestly unfounded or excessive. We may also charge a fee to cover administrative costs of providing further copies of the same information to you.

Send your request to: Email: nhsb.dpa@borders.scot.nhs.uk

 Or by post:

Subject Access Team

Medical Records Department

Borders General Hospital

Melrose

TD6 9BS

**Response time**

We will deal with your request as quickly as possible and within one month of receiving all the information we require. On occasion, if your request is complex, we may need to extend the time it takes us to provide you with all the information you have requested by up to two months, but we will always advise you of this within one month.

**Retention of Records**

The usual rules around the retention of records are that:

* Adult general hospital records are retained for 6 years after date of last entry;
* Maternity records are retained for 25 years after date of last entry;
* Children and young peoples’ records are retained until the patient’s 25th birthday;
* Mental Health records are retained for 20 years after date of last contact.

This may assist you in considering what types of records you are requesting to see.

**Your request to access your records will be retained for 3 years.**

**Points to consider**

Please note that making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

You will need to provide evidence of your identity before we can release information to you.

Accessing health records and information is an important matter. Releasing certain information may in certain circumstances cause distress. If your request is likely to involve access to health information, you may want to speak to an appropriate health professional before contacting us.

**Further Notes to Assist in the Completion of the Form are included at page 9.**

**Please fill in this application form using BLOCK CAPITALS and black or blue ink.**

**Please note. This form should only be used to request access to the records of a living person. To request access to the records of a deceased person please use the Access to Health Records form available from the Subject Access Team.** (nhsb.dpa@borders.scot.nhs.uk)

**Please complete as much of this form as possible. Remember, you don’t have to use this form but it will help to speed up our response to you.**

**Section 1: Personal details**

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name:** |  | **First name:** |  |
| **Address:** |  | **Date of birth:** |  | **Sex:** |  |
|  |  | **Home phone number:** |
|  | **Other phone number:** |
| **Postcode:** |  | **CHI (Community Health Index) or Hospital Reference Number (if known):** |

If the name or address was different from the above.

|  |  |  |
| --- | --- | --- |
| **Previous last name:** |  |  |
| **Previous address:** |  |  |
| **Dates from and to:** |  |  |

**Section 2: NHS contacts**

Please provide as much information in this section as possible. Give full details of the treatment periods or care you are interested in. Put the name of the health-service worker in charge of the care (for example, a physiotherapist or consultant) for each treatment period in the ‘Health-care professional’ column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NHS centre(s) you went to/made contact with** | **Ward, clinic, department, specialty or service** | **Name of Health-care professional (if known)** | **Dates From** | **Dates To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Extra information**

Please add any more information that may help us trace the records/information you need.

|  |
| --- |
|  |

**Section 3: Information you want to access**

Give details in the box below of the records/information you want to access. Please be as specific as possible.

|  |
| --- |
|  |

Please specify your preference by placing an X in the appropriate sections - please discuss with staff if you are unsure.

|  |  |  |
| --- | --- | --- |
| **Details** | **Manual (Paper)** | **Computerised (where available)** |
| View original records only | [ ]  | [ ]  |
| Requesting copy | [ ]  | [ ]  |
| View records and receive copy | [ ]  | [ ]  |

**Section 4: Declaration**

You must sign this section, and the person you have named in section 7 must be present when you sign.

**Release of Information**

Maintaining the confidentiality and security of personal information is of utmost importance to NHS Borders. No copies of information will be sent using external mail unless this has been arranged in advance with the NHS Borders Subject Access Team, and in these circumstances Special Delivery will be used. When collecting information two forms of identification will be required, one should be photographic identification e.g. passport, driving licence, bus pass or national identity card.

**Please note:** no information will be released until identity has been verified.

I confirm that the information I have given is correct and that I am entitled to apply for access under my rights under the General Data Protection Regulation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

I am the person named in section 1. (Go to section 7.)

**Or:**

* I have been asked to act on behalf of the person named in section 1, and that person has filled in section 6. (Go to section 5.)
* I am the parent or guardian of the person named in section 1, and that person is between 12 and 16 years old and has filled in section 6. (Go to section 5.)
* I am the parent or guardian of the person named in section 1, and that person is under 16 years old and is not able to understand the request. (Go to section 7.)
* I have been appointed by the court to manage the affairs of the person named in section 1 and enclose proof (e.g. Power of Attorney). (Go to section 7.)

**Section 5: Details of the person acting on behalf of the person applying.**

You must fill in this section if you are not the person named in section 1.

|  |  |
| --- | --- |
| **Name:****(Please print)** |  |
| **Address and postcode we should send a reply to:** |  |
| **Contact Telephone Number:** |  |

**Section 6: Permission**

You must fill in this section if you are the person named in section 1 and you have given the person named in section 5 permission to act on your behalf.

I give you (<insert organisation name>) permission to give (enter the name of the person acting on your behalf) any personal information about me. I have given them permission to act on my behalf.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

**Section 7: Countersignature**

You must fill in this section if you need to confirm the identity of:

* the person named in section 1;
* the parent or guardian of the person (under 16 years old and not able to understand the request) named in section 1; or
* the person appointed by the court to manage the affairs of the person named in section 1.

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information. **Note: a family member cannot act as a witness to confirm identity**.

Any of the following can sign.

* A Member of Parliament
* A Member of the Scottish Parliament
* A Justice of the Peace
* A minister of religion
* A professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
* A bank employee
* A civil servant
* A police officer

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration (section 4).

The person signing the form does not need to see the contents of the rest of the form.

In some cases, the person applying may be asked to produce more documents as proof of their identity.

I (write your full name) confirm that I have known (name of the person applying)
for years, and I was present when they signed the declaration. I also confirm that I am not related to them.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  / / |
| **Full name:** |  | **Profession (e.g. teacher):** |  |
| **Address:** |  |
| **Postcode:** |  | **Phone****number:** |  |

**NOTES TO ASSIST IN THE COMPLETION OF THE FORM**

 **PERSONAL DATA**

Data relating to the individual held (manually or computerised) in medical records, patient administration/information systems, clinical systems, other databases or files.

**HEALTH PROFESSIONAL**

An appropriate health professional may include, your Hospital Doctor, Nurse, Midwife or Health Visitor, Dentist, Optician, Pharmacist, Clinical Psychologist, Occupational Therapist, Dietician, Physiotherapist, Podiatrist or Speech and Language Therapist.

**TYPE OF RECORDS REQUESTED**

The General Data Protection Regulation and the Data Protection Act 2018 covers both manual (paper) and computerised records. Please indicate which type of record you wish to access. Manual Records includes all your paper health records updated by health professionals. Some information about your care may also be held on computer. This will vary from hospital to hospital so please discuss this when you submit your application.

If you wish to view the original records you will be invited to attend the hospital/clinic at a convenient time in the company of a health professional or appropriate lay person. If you wish to receive photocopies these will be produced to be collected by you within the allocated timescales specified by the legislation.

Where you have only requested a photocopy of the relevant records, the Clinician responsible for your care may invite you to come and discuss them so that the meaning of the information in your record can be explained to you. You are not obliged to accept such an invitation but it would be in your best interests to do so.

**NHS CONTACTS: (Section 2)**

For cases where contact has been made with NHS services by telephone (such as NHS 24), you should provide as much detail as possible, including details of call, date/time, and who you spoke to.

**DECLARATION (Section 4)**

The person making the application must complete this section.

* + 1. If you are the patient, tick the first box and sign the authorisation then proceed to Section 7
		2. If you are the Applicant, the organisation will require the Patient’s authorisation before data can be released. The patient whose information is being requested should be asked to complete the ‘Authorisation’ section of the form. (Section 6) (The exception is if you have proof of authority – e.g. Power of Attorney/Welfare Guardianship documents – a copy should be provided).
		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 his/her own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. However, all cases will be considered individually.