

SUBJECT ACCESS REQUEST FORM

This form is to be used by individuals who wish to find out what information, if any, the Organisation is holding or is processing that relates to them. Please complete this form and send back to:

Post: South Doc Services
 West Heath Medical Centre
 194-96 West Heath Road
 Northfield
 Birmingham
 B31 3HB

Email southdocservices@nhs.net

Section 1 – Details of records to be accessed

Title (Mr, Mrs etc)		Date of Birth	
Surname/Family Name			
First Names			
Telephone Number			
Email address			
Home Address			
Post Code			

If you would have been known to us by a different name or at a different address (home or business) during the period to which the information you are seeking relates, please state the name(s) and address (es) below:

Name 1			
	From (Date):		To (Date):
Address 1			
		Post Code	
	From (Date):		To (Date):

Section 2 –Details of applicant (if different from above)

Title (Mr, Mrs etc)		Date of Birth	
Surname/Family Name			
First Names			
Telephone Number			

Email address	
Home Address	
Post Code	

Section 3– Helping us to find the information

To help us search for the information you require and to keep costs to a minimum, please tell us about the information you require with as much detail as possible. For example, details of illness/treatment, services seen e.g. WIC, anticoag service. Consultation dates, copies of personnel file and dates If we do not receive enough information to process you request, we may be unable to process your request.

Section 4 – Declaration

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 records referred to on the previous page, under the terms of the *Data Protection Act 1998/Access to Health Records Act 1990* on the grounds that (tick appropriate box):

- I am the patient.
- I have been asked by the patient who has signed consent (see below).
- I am acting in *loco parentis* and the patient is under the age of 16 and:
 - is incapable of understanding the request/has consented to me making the request.
(delete as appropriate)

Signed	Date
(Applicant)	

Permission to request information on your behalf

The individual whose data is being requested must give permission for the information to be released to their representative.

The information supplied in this request form is correct and I am the individual to whom the requested information relates.

I give permission forto request access to my personal information as described in Section 5

Name

SignatureDate.....

Witness certification:

I certify that I am (name).....of (address)
.....
.....
and have known the applicant for years as an employee/client/personal friend and have witnessed the applicant sign this form. I am happy to be contacted if further information is required to support the identity of the applicant, as required.

Signed **Date**.....
(Witness)

Proof of identity (applicant)

In order to maintain confidentiality and to confirm your identity, before copies of the records are released, you **must** submit a copy of one document from each of the following categories with your application: **PLEASE DO NOT SEND ORIGINALS OF ANY DOCUMENTS**

(a) Confirmation of name:
- Full driving licence*, passport, birth certificate.

(b) Confirmation of name and address:
- Full driving licence, utility bill, bank or credit card statement, child benefit book, pension book (or other equivalent/similar official document – but it **MUST** show your name and address).

Your Checklist:

Is your contact information correct?		Have you signed the form?	
Have you enclosed copies of acceptable identification?		Have you completed all the sections?	
Have you enclosed the fee?			
Have you provided information to assist us in identifying and finding the information?			

SDS Checklist (for SDS use only)

<i>Date Application Rec'd</i>		<i>Application Signed</i>	<i>Yes / No</i>
<i>Identification (a) - Details</i>		<i>Application Complete</i>	<i>Yes / No</i>
<i>Identification (b) - Details</i>		<i>ID Info provided</i>	<i>Yes / No</i>
<i>Identification checked</i>		<i>Fee Paid</i>	<i>Yes / No</i>
<i>Allocated to</i>		<i>Method of Payment</i>	
<i>Checked by</i>		<i>Title</i>	
<i>Signature</i>		<i>Date</i>	

Guidance to making a Subject Access Request

1. Introduction

These notes are intended only as a guide to completing the Subject Access Request form, not as a guide to the Act itself.

Completion of the form is not compulsory but is designed to help you in providing us with the information we need to deal with your request.

Data Protection law is set out in the Data Protection Act 1998

2. Your Rights

Under the Act you have (subject to certain exemptions) the right to be told whether the Organisation, as a data controller, is holding or processing any information about you; and if so, to be provided with a copy of that information. The records covered by the Act include all computer records and limited categories of manual records.

3. The Organisation's Rights

Where an exemption is available under the Act, the Organisation may not provide you with the information covered by the exemption. The main exemptions that may be applied are where the information held relates to:

- the carrying out of our regulatory functions;
- the prevention or detection of crime; or
- the apprehension or prosecution of offenders.

and where disclosure of the information would be likely to prejudice any of these purposes. We are not required to tell you whether any exemptions have been applied to any information that we may provide, or whether any information has been withheld or the reason for the withholding of any information.

4. Payment

A fee of £10 minimum (depending on format and date range) is payable for each subject access request that you submit.

Please make the cheque payable to 'South Doc Services Limited'

BACS: Please quote invoice number when making payment.

Account name: 'South Doc Services Limited'

Bank: National Westminster Bank Plc.

Account number: 44353677

Sort Code: 60-15-26

Applications that do not include the correct fee in an acceptable form will not be processed. Similarly, cheque payments that fail to clear will also result in the application not being processed. We will contact you in these situations.

5. Processing

Applications will be processed promptly, but in any event a response will be made within 40 calendar days, as permitted under the Act, from the date that we accept the properly completed application along with your proof of identity and fee.

An application will not be accepted or processed unless the application is submitted correctly with all relevant information being supplied, proof of identity provided and the correct fee paid.