

# Subject Access Request Form



## 1) Personal Information about the Data Subject:

Surname:			
Forename(s):			
Title:			
Date of birth:		NHS/Hospital/Payroll Number (if known):	
Date of death (if applicable):			
Current address:			
Telephone number:		Email address:	
<i>If name and/or address was different from the above during the period(s) to which the application relates, please give details below:</i>			
Previous surname(s):		Previous forename(s):	
Previous address:			
<b>For office use only</b>			
Handler's name:	Disclosure date:	Patient name and DOB checked:	Hospital number:

## 2) Details of records being accessed:

*Please provide as much information as possible of the dates/episode (s) for which you require access to. If you are requesting all information, then please state this.*

*Please note that we are only able to disclose records and radiology images in respect of treatment received whilst under the care of University Hospitals Plymouth NHS Trust and therefore you will have to approach each individual Trust if you also had treatment elsewhere.*

Consultant/speciality (if known):
Date(s) (if known):
Clinic/Ward attended (if known):
Other records excluding health records:
Accessing/disclosure option: <i>Under the Data Protection Act 2018, from the 25<sup>th</sup> May 2018, there will be no charge for these requests except in specific circumstances, such as if the requests are manifestly unfounded, excessive or if it is a request for further copies.</i> I would like photocopies of the records pertaining to the dates stated above <b>yes/no</b> I would like to receive the requested information by <b>Post/Secure email</b> I would like a copy radiology images relating to the dates stated above <b>yes/no</b> <b>Please note we are unable to supply the images in paper form or by email.</b>

**3) Consent**

*Please confirm whether you are:*

Data subject, applying for copies of your own records (go straight to section 4)

Person with parental responsibility for data subject

Representative of the data subject

*If you are either the person with parental responsibility or representative of the data subject (evidence must be provided) then please complete the following:*

Surname:

Forename(s):

Title:

Address:

Telephone number:

*Please note that if you are applying for access to information concerning another adult patient who is not deceased, then that person **must** provide their consent below:*

I (data subject full name)..... hereby authorise  
University Hospitals Plymouth NHS Trust to release details of information as requested overleaf to  
.....to whom I have given consent to act on my behalf.

Signature:

Date:

**4) Proof of Identification**

Please provide a **copy** of one of the following documents as proof of identification:

- Current valid Passport (any country)
- Current Driving Licence – Full or provisional
- HM Forces ID Card
- EU National ID Card
- Mortgage Statement
- Bank/Building Society Statement
- Council Tax Statement
- Utility Bill – e.g. landline telephone, water, electric, gas. **(Not Mobile Telephone)**
- Benefit Statement - e.g. Child Allowance, Pension
- A document from Central/Local Government/Government Agency/Local Authority giving entitlement – e.g. from the Department for Work and Pensions, the Employment Service, Customs & Revenue, Job Centre, Job Centre Plus, Social Security
- Letter from Head Teacher or College Principal
- Letter from Nursing/Residential home

**5) Declaration by applicant**

*WARNING – You are advised that making untrue statements in order to obtain access to personal information, to which you are not entitled, is a criminal offence.*

I declare to the best of my knowledge and belief that the information given on this form is correct.

Signature:

Date: