

Subject Access Request – Data Protection Act 2018

Form 2 Request for personal information about someone else

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| Subject Access Request Reference | For office use only | Date | For office use only |
| Please read ' Guide 1: How to request personal information ' before completing this form | | | |
| Information collected on this form will be used by Camden and Islington NHS Foundation Trust for the purpose of complying with your Subject Access Request. It will be shared with staff that have a designated role in this process. | | | |

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|--|--|----------------|---|---|---|---|---|---|---|---|
| Section 1 | Details of the person making the request | | | | | | | | | |
| Surname: | | Date of Birth | D | D | M | M | Y | Y | Y | Y |
| First Name(s) | | | | | | | | | | |
| Current Address: | | | | | | | | | | |
| | | Postcode: | | | | | | | | |
| Please provide the following details if you are happy for us to contact you in this way: | | | | | | | | | | |
| Home Number: | | Mobile Number: | | | | | | | | |

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| Section 2 | Details of the person you are requesting information about | | | | | | | | | |
| Surname: | | Date of Birth | D | D | M | M | Y | Y | Y | Y |
| First Name(s) | | | | | | | | | | |
| Current/ Most Recent Address: | | | | | | | | | | |
| | | Postcode: | | | | | | | | |
| NHS No' (if known): | | Trust Reference (if known) | | | | | | | | |
| Details of information being requested (please provide details), e.g. doctors name, time period: | | | | | | | | | | |
| Is the person named above your | Yes | | Please complete section 3 | | | | | | | |

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|-----------------------------------|----|--------------------------|---------------------------|
| child or dependent? (Please tick) | No | <input type="checkbox"/> | Please complete section 4 |
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| Section 3 | Requests on behalf of a child or dependent |
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| I, | <input type="text"/> | Wish to make a request on behalf of my child/ dependent, named in section 2. |
| | Please PRINT name | |

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| To make this request, I confirm that my child or dependent... (Please tick) |
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|---|---|--------------------------|---------------------------|
| 1 | Has given me permission to make the request: | <input type="checkbox"/> | Please complete section 5 |
| 2 | Lacks sufficient maturity to understand the request: | <input type="checkbox"/> | Please complete section 6 |
| 3 | Lacks the mental capacity to make a request or provide their consent: | <input type="checkbox"/> | Please complete section 6 |

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| Section 4 | Requests made on behalf of someone |
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| I, | <input type="text"/> | Have been given permission by the person in section 2, or has the Legal Authority, to make a request. |
| | Please PRINT name | |

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| My relationship with the person is.... (complete) | <input type="text"/> |
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|---|---|--------------------------|---------------------------|
| 1 | Has given me permission to make the request: | <input type="checkbox"/> | Please complete section 5 |
| 2 | Lacks the mental capacity to make a request or provide their consent: | <input type="checkbox"/> | Please complete section 6 |

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| Section 5 | Consent of person whose information is being requested |
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| The Trust must check that you have been given permission to make the request by the person named in section 2 (The data subject) |
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| I, | <input type="text"/> | <i>Authorise</i> | <input type="text"/> |
| | Name of person whose information is being requested (PRINT) | | Name of person acting on your behalf |

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| To make the request for access to my personal information, as detailed in section 2 |
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| By signing below, I declare that I have given my consent freely and fully understand that the person acting on my behalf will receive copies of my personal information |
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| Signed: | <input type="text"/> | Date: | <input type="text"/> |
| | By the person whose information is being requested | | |

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| Section 6 | Legal Authority to request access (Please tick) |
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| 1 | I have a Power of Attorney/ Enduring Power of Attorney, and <i>enclose evidence*</i> | <input type="checkbox"/> |
| 2 | I have been appointed by a Court of Protection, and <i>enclose evidence"</i> | <input type="checkbox"/> |
| 3 | I confirm that I have parental responsibility for this child, and <i>enclose evidence*</i> | <input type="checkbox"/> |

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| <p><i>*You may provide photocopies; however, we may need to view originals in some cases. **We will assess these on a case by case basis and inform you of our decision.</i></p> | | |

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| Section 7 | Declaration |
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By signing below I confirm I am asking for access to personal data and I consider I have the authority/ permission to make such a request. I understand that the information I have provided will be used to process my request, and this will include telling appropriate members of staff.

I acknowledge that it is an offence to knowingly obtain or disclose personal data (or the information contained in personal data) or get information about another person without the consent of the Data Subject of the Trust.

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|--------------------|--|-------|--|
| Full Printed Name: | | | |
| Signature: | | Date: | |

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| Fees/ Charging |
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The Trust will not charge you access to information held about you. It may charge a fee is your request is considered excessive.

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| Contact Details |
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If you have any questions or difficulties with completing this form please contact us:

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| Tel: 0203 317 7094 | Email: information.request@candi.nhs.uk |
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| Please ensure you enclose two copies of your identification |
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Please refer to Guide 2 for further details.

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| Please return completed forms to... |
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Information Requests, Information Governance Department, 1st Floor, East Wing, London, NW1 OPE, UK

Other Formats: To receive this information in another format please contact information governance.