

Subject Access Request – Data Protection Act 2018

Form 2 Request for personal information about someone else

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.			

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:								

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 child or dependent? (Please tick)	Yes	<input type="checkbox"/>	Please complete section 3
	No	<input type="checkbox"/>	Please complete section 4

To help us understand the information you require, the more information you can provide us with the easier it will be for us to locate the information. We understand this may have been some time ago, so just give us what you can. Please note, if requested high volume of records, this may take longer than the one-month timeframe. We will update you if that is the case.

Doctor name	Dates of treatment	Site visited – where the 3rd party was seen

Please provide here any additional information that will help us with retrieving the records, for example do you want to know just about a specific treatment, just interactions with a specific Doctor or a specific incident

Section 3		Requests on behalf of a child or dependent	
I,	<input type="text"/> Please PRINT name	Wish to make a request on behalf of my child/ dependent, named in section 2.	
To make this request, I confirm that my child or dependent... (Please tick)			
1	Has given me permission to make the request:	<input type="checkbox"/>	Please complete section 5

2	Lacks sufficient maturity to understand the request:		Please complete section 6
3	Lacks the mental capacity to make a request or provide their consent:		Please complete section 6

Section 4		Requests made on behalf of someone	
I,		Have been given permission by the person in section 2, or has the Legal Authority, to make a request.	
	Please PRINT name		
My relationship with the person is.... (complete)			
1	Has given me permission to make the request:		Please complete section 5
2	Lacks the mental capacity to make a request or provide their consent:		Please complete section 6

Section 5		Consent of person whose information is being requested	
The Trust must check that you have been given permission to make the request by the person named in section 2 (The data subject)			
I,			
	Name of person whose information is being requested (PRINT)	<i>Authorise</i>	Name of person acting on your behalf
To make the request for access to my personal information, as detailed in section 2			
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			
Signed:		Date:	
	By the person whose information is being requested		

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

Section 7		Declaration	
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.

Full Printed Name:

Signature:

Date:

Fees/ Charging

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

Contact Details

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

Tel: 0203 317 7094

Email: information.request@candi.nhs.uk

Please ensure you enclose two copies of your identification, more information on this is available on the following pages

Please return completed forms to...

Information.Request@candi.nhs.uk securely via email. Using email is the quickest way for us to process your request.

Or Information Request Office, Information Governance Department, 3rd floor, West Wing, St Pancras Hospital, 4 St Pancras Way, London, NW1 OPE, UK.

Please return completed forms to...

Email: information.request@candi.nhs.uk

Information Requests, Information Governance Department, 3rd floor, West Wing, London, NW1 OPE, UK

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

GUIDELINES TO COMPLETE FORM:

Under the General Data Protection Regulation (EU) 2016/679, the Data Protection Act 2018 and Access to Health Records Act 1990 you are entitled to have a copy of your health records.

Before any disclosure is made we will need to receive proof of your identity (ID), this is to protect your confidentiality. With your completed application please attach a copy of the IDs requested in 1 and 2 below (please ensure any documents and photos are of high quality).

A photocopy of your current passport or driving licence. Further examples of ID listed below

A photocopy of a recent household utility bill or bank statement (under 3 months old) that contains your name and address. Please do not send originals. Further examples of ID listed below

There will be no charge for providing an initial copy however additional copies will attract a fee if deemed excessive.

Once the Trust has accepted your application, it is anticipated that your records will be sent out to you within the statutory time frame of 30 days.

Please note, the trust is unable to process requests received without proof of identity. We will not start working on your request until we receive and have verified your identification documents.

Please note that if you request your whole medical file this can take longer to process and may take more than the statutory 30 days.

Examples of proof of ID. You must produce one piece of ID from each column

Proof of name	Proof of address
Current signed passport	Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months
Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those	Local authority council tax bill for the current council tax year

Proof of name	Proof of address
issued by UK authorities overseas such as Embassies High Commissions and HM Forces)	
EEA member state identity card (which can also be used as evidence of address if it carries this)	Current UK driving licence (but only if not used for the name evidence)
Current UK or EEA photocard driving licence	Bank, Building Society or Credit Union statement or passbook dated within the last three months
Full old-style driving licence	Original mortgage statement from a recognised lender issued for the last full year
Photographic registration cards for self-employed individuals in the construction industry -CIS4	Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address
Benefit book or original notification letter from Benefits Agency	Council or housing association rent card or tenancy agreement for the current year
Firearms or shotgun certificate	Benefit book or original notification letter from Benefits Agency (but not if used as proof of name)
Residence permit issued by the Home Office to EEA nationals on sight of own country passport	HMRC self-assessment letters or tax demand dated within the current financial year
National identity card bearing a photograph of the applicant	Electoral Register entry or NHS Medical card or letter of confirmation from GP's practice of registration with the surgery

Documents we will not accept include, but are not limited to

Provisional driving licence

Mobile phone bills

Credit card statements