

Subject Access Request Form

Data Protection Act 2018

Form 1 Request for access to personal information about me

Subject Access Request Reference		Date	
(For office use only)			
NB: 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 who have a designated role in this process.			

Section 1	Details of the person about whom information is being requested		
Surname:		Date of Birth	
First Name(s)			
Also known as/ maiden name:			
Current / Most Recent Address:			Postcode:
Please provide the following details if you are happy for us to contact you in this way:			
Home Number:		Mobile Number:	
Email Address:		Other:	

Section 2	Details of information being requested... (Please tick one option)	
I am a current/ ex serviceuser (patient) and want to access my care/ health information:		<input type="checkbox"/>
I am a current/ ex employee and want access to my personnel information:		<input type="checkbox"/>

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 you were seen

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

Section 3	Consultation with other people (third parties)			
If needed is the Trust allowed to tell other people that you have made a request if consent is required for some of the information to be released:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Section 4	Declaration		
By signing below, I confirm I am asking for access to personal data about me and I have the authority to make this 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. We will involve the minimum number of staff required to complete your request			
Full Printed Name:			
Signature:		Date:	

Fees/ Charging
The Trust will not charge you access to information held about you. We 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 here:	
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 follwong page
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, 3 rd floor, West Wing, St Pancras Hospital, 4 St Pancras Way, London, NW1 OPE, UK.
You will receive your medical file via secure encrypted email

To receive this information in another format please contact-
The Information Governance Department either by email at
Information.Request@candi.nhs.uk or write to us at Information Request Office, Information
Governance Department, 3rd floor, West Wing, St Pancras Hospital, 4 St Pancras Way,
London, NW1 OPE, UK.

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).

1. A photocopy of your current passport or driving licence. Further examples of ID listed below
2. 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
3. There will be no charge for providing an initial copy however additional copies will attract a fee if deemed excessive.
4. 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.
5. 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.
6. 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 issued by UK authorities overseas such as Embassies High Commissions and HM Forces)	Local authority council tax bill for the current council tax year
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