

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)			
<p>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.</p>			

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:	

I would like to access the information by... (Please tick one option)	
▶ receiving a hard copy:	<input type="checkbox"/>
▶ attending a Trust site and viewing it:	<input type="checkbox"/>

Section 2	Details of information being requested... (Please tick one option)	
I am a current/ ex service user 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"/>

Further information on what information is being requested: Please provide information which may help us locate information you require, e.g. doctors name, site visited, dates of treatment:

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.			
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
Please return completed forms to...
Information Request Office, Information Governance Department, 1 st Floor, East Wing, St Pancras Hospital, 4 St Pancras Way, London, NW1 OPE, UK.
Other Formats: To receive this information in another format please contact- The Information Governance Department.

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, 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.
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.
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.