

Subject access request form

Data Protection Act 2018 and General Data Protection Regulation (GDPR)

Section A: Details of the data subject (person to whom the information relates)

| | |
|---|--|
| Title: | |
| Forenames: | |
| Surname: | |
| Previous surname if applicable: | |
| Date of Birth: | |
| Address (for correspondence): | |
| Telephone number: | |
| E-mail address: | |
| Hospital Number and consultant if known: | |
| Are you considering litigation against the Trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section B: Identification of the Data Subject

Identity documentation is required in order for us to process your request. Please provide us copies of documents to verify your name and address. Complete the checklist below to indicate what you have enclosed with this form

Please Note – The copy identity documentation will be shredded once we have verified your identity

Please remember, we need one item from the name AND address options below

| ID supplied to verify name (tick) | ID supplied to verify address (tick) |
|--|---|
| Marriage or civil partnership certificate <input type="checkbox"/> | Bank statement <input type="checkbox"/> |
| Driving licence <input type="checkbox"/> | Utility/Council tax bill <input type="checkbox"/> |
| Passport <input type="checkbox"/> | Benefit book <input type="checkbox"/> |
| Birth certificate <input type="checkbox"/> | Pension book <input type="checkbox"/> |

Section C: Details of person requesting the information if not the Data Subject as stated in Section A)

| | |
|--------------------------------------|--|
| Title: | |
| Forenames: | |
| Surname: | |
| Address (for correspondence): | |
| Telephone number: | |
| E-mail address: | |
| Relationship to data subject: | |

Please state what documentation you have confirming you are allowed to make this request on behalf of the data subject – please provide a copy

- | | | | |
|--------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Lasting Power of Attorney | <input type="checkbox"/> | Consent from the Data Subject (below) | <input type="checkbox"/> |
| Court Protection Order | <input type="checkbox"/> | | |
| Full birth certificate for the child | <input type="checkbox"/> | | |
| Full certificate of adoption | <input type="checkbox"/> | | |
| Parental responsibility order | <input type="checkbox"/> | | |

If requesting on behalf of a deceased patient, please provide appropriate written authority, such as copy of Will/Grant of Probate/Letters of Administration

To authorise another person to make this subject access request on your behalf, please sign the statement below.

I hereby give my authority for _____

(Full name of the person) to make a subject access request on my behalf under the Data Protection legislation to the Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.

Signed: _____ Date: _____

Print name: _____

NOTE: The data subject must also sign the declaration in Section E.

Section D: Information required

Please state below what information you are seeking access to.

If you can be specific as you can about the information that you would like, it will assist us to locate it (if we hold it). If we require further details about the information that you are requesting, we will contact you.

I require a copy of:

- All Health Record notes:
- X-Ray images on CD (including CT and MRI):
- Midland Centre for Spinal Injuries (MCSI)
notes if Gladstone/Wrekin ward patient:
- Physiotherapy notes:
- Occupational Therapy notes:
- Medical Illustration photos (if any taken):
- Bone Densitometry Report:

Dates required (if no date is stated, all available records will be given)

Please provide any further information which may help us collate the request.

Section E: Data subject declaration

I certify that the information given on this form is true. I understand that RJAH may need to obtain further information in order to comply with this request

Signed: _____ Date: _____

Print name: _____

Please return this form and the enclosures to:

rjah.sars@nhs.net

or post to

Medico Legal Clerk

Governance Team

Location 41

RJAH Hospital NHS Foundation Trust

Oswestry

Shropshire

SY10 7AG

If you have any questions about this form please contact the Medico Legal Clerk on 01691 404553

Your Checklist

Is your contact information correct?

Have you completed all relevant sections?

Have you enclosed acceptable documentation?

Have you signed the form?