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?** | 🞏 **Yes** 🞏 **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 🞏  Driving licence 🞏  Passport 🞏  Birth certificate 🞏 | Bank statement 🞏  Utility/Council tax bill 🞏  Benefit book 🞏  Pension book 🞏 |

Identification

|  |  |
| --- | --- |
| **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 🞏 Consent from the Data Subject (below) 🞏  Court Protection Order 🞏  Full birth certificate for the child 🞏  Full certificate of adoption 🞏  Parental responsibility order 🞏 | |
| **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](mailto:rjah.sars@nhs.net)  or post to  IG Administrator  Governance Team  Location 41  RJAH Hospital NHS Foundation Trust  Oswestry  Shropshire  SY10 7AG  If you have any questions about this form please contact the IG Administrator on 01691 404553  **Please note, you will receive a copy of any records held within 30 calendar days of your request being logged** |

**Your Checklist**

Is your contact information correct? 🞏

Have you completed all relevant sections? 🞏

Have you enclosed acceptable documentation? 🞏

Have you signed the form? 🞏