****

|  |
| --- |
| **Request for patients to seek access to their records under the Data Protection Act 2018** |

**Your Subject Access Rights**

You have a right to be told whether the Trust holds any information about you (your personal data), and a right to be provided with a copy of that personal data within one calendar month.

If you wish to exercise those rights, please complete this form carefully and return to the team where you received your care. The team manager will forward this to your local access to records lead who will respond to you. You must include proof of your identity and you must complete the declaration at Part D before the Trust is able to process your request.

The Data Protection Act 2018 means that in some circumstances the Trust may be unable to provide you with some personal data. An example of this is where information might identify another person.

|  |
| --- |
| **Part A. Your details** |
| **NHS no:** ………/…………/…………/…………/…………/……………………………………………………………………..……………….  **Current last name / family name:** ……………………………………………………………………………………………..…………  **Current first name(s):** …………………………………………………………………………………………………………..……..……….  **Date of birth** (dd/mm/yyyy): ………………………………………..…… **Male / Female:** ……………………………….…….  **Current address:** …………………………………………………………..…………………………………………………………..………….  ………………………………………………………………….…………………………………………………………………………………………..  …………………………………………………………………………………………..……… **Postcode:** ………………………………..………  **Daytime telephone number:** …………………………………………………………..………………………………………….……....  If your name and/or address was different for the period relating to the information you are requesting please add details below  **Previous last name(s):** ………………………………………………………………………………………………………………………..  **Previous address(es):** …………………………………………………………………………………………….……………………………  …………………………………………………………………………………………………………………………………………………….……….  …………………………………………………………………………... **Postcode** ……………………………………………….……………… | |

|  |
| --- |
| **Part B. Proof of identity** |

The Trust must be satisfied you are who you say you are. To protect your identity and make sure we provide the correct individual with your information, your application must be accompanied by **photocopies** **of two different official documents** that between them provide sufficient information to prove your **name, date of birth and current address** *e.g.* *driving licence, medical card, birth certificate or passport etc together with a utility bill, council tax notice, bank statement (with the financial details blanked out).* **Please do not send original documents.**

Where information is requested by or is to be sent to a Third Party (such as a solicitor) you must attach your consent to release your information to another party. The consent form in Part F can be used for this purpose.

|  |
| --- |
| **Part C. Description of data required** |

Please provide as much detail as possible to help us find your records.

|  |
| --- |
| **Name of service(s) where you received your care**  ……….……………………………………………………………….……………………………………………………………………………………  **Location of the service(s)**  ….………………………………………………………………………………………………………….……………………………….………………  ……………………………………………………………………………………………………………………………………………….……………..  **Approximate dates you received your care**  ………………………………………………………………………………………………………….……………………………………..……………  **Name of clinician seen** *(if known)*  ……………………………………………………………………………………………………………………………………………………....…….    **Please tell us what information you are requesting** e.g. discharge letter, records for 2010, an episode of care, complaints file etc. This helps us locate your records.  ………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………..……….  …………………………………………………………………………………………………………………………………………………..………….  ……………………………………………………………………………………………………………………………………………..……………….  ……………………………………………………………………………………………………………………………………………………………... |

|  |
| --- |
| **Part D. Declaration** |
| **Your full name (please PRINT):** ………………………………………………………………………………………………….….……..  **Your signature:** …………………………………………………………………………………………………………………………..………..  **Date:** ………………………………………………………………………………………………………………………………………….…..…… |

**Returning this form:**

If you know where you received your care, please send your request directly to that team. The manager will forward your request to the local access to records lead.

If you received your care in several places, please email your request and supporting documentation to the information governance team at [elft.accesstorecords@nhs.net](mailto:elft.accesstorecords@nhs.net) who will coordinate the process for you. Alternatively you can write to the team at Information Governance Department, East London NHS Foundation Trust, Charter House, Alma Street, Luton, LU1 2PJ.

|  |
| --- |
| **Part E (optional). Third party request form** |

In most circumstances the Trust is unable to release information to anyone other than the data subject, unless we have that individual’s written consent. If you would like someone else to receive your records on your behalf please tell us their contact details and their relationship to you.

**Please send my records directly to my representative:**

**Relationship to me:** ……………………………………………………………………………………………………………………………..

**Title:** ……………………………………………………………………….

**First name:** ………………………………………………………………………………………………………………………………..………..

**Last name:** ………………………………………………………………………………………………………………………..………………..

**Organisation name (if appropriate):** …………………………………………………………………………………………………………

**Address:** ………………………………………………………………………………………………………………………………………………………………

……………………….………………………………………………………….…… **Postcode:** ………………………………………….……….

**Email:** ………………………………………………………………………………………………………..………………………………………….

I consent to the above individual being given access to or a copy of my personal information

**Signature:** …………………………………………………………………………………………………………………………………………….

**Date:** ………………………………………………………………………..

|  |
| --- |
|  |