**SUBJECT ACCESS REQUEST FOR PERSONAL DATA**

**GDPR 2018 (GENERAL DATA PROTECTION REGULATION/**

**ACCESS TO HEALTH RECORDS ACT 1990)**

Completing this form will help you to confirm the identity of the patient whose health records you are requesting. This maybe you or for someone else. It will help us identify the correct person and ensure that we provide you with the correct information. Please complete the form, attach your ID and submit your form here on line. If you need any further help, please see our FAQ document or see Section 5 of this form for our contact details**.**

Our email address is: [**ghn-tr.accessoffice@nhs.net**](mailto:ghn-tr.accessoffice@nhs.net)

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| **Section 1 – Who is the patient?** |

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| --- | --- |
| Patient’s Surname |  |
| Patient’s Forename(s) |  |
| Date of Birth |  |
| Hospital Number (if known) |  |
| NHS Number (if known) |  |
| Address |  |
|  |  |
|  |  |
| Post Code |  |

|  |  |
| --- | --- |
| Telephone Number |  |
| E-mail address (Required\*) |  |

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| If the patient has lived at this |  |
| address for **less than 2 years** |  |
| please tell us their previous |  |
| address including postcode |  |
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| **SECTION 2 – What are your personal details?** |

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| --- | --- | --- | --- | --- |
| (a) Are you the patient? |  | YES |  | NO |

**If you have answered ‘YES’, go straight to Section 3 on page 3.** Otherwise please provide the information below:

|  |  |
| --- | --- |
| Your Full Name |  |
| Address |  |
|  |  |
|  |  |
| Post Code |  |
| Telephone Number |  |
| E-mail address |  |

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| (b) If you are **NOT** the patient, please tick the appropriate box below to state your relationship to them: |

I have parental responsibility for the patient, and the patient is under 13 years old.

I have parental responsibility for the patient, and the patient is aged 13 or over. Please note we will require their consent and you willbe required to provide evidence of this by attaching the patient’s written authorisation.

I have been asked to act by the patient (if aged 18 or over) and attach the patient’s written authorisation and the patient’s accompanying I.D.

I am the deceased patient’s **\***Executor / \*Court appointed Personal Representative or Administrator (**\***Delete as appropriate.) If so, please provide a copy of the Will identifying the Executors or the court letter confirming your status as Personal Representative or Administrator. Please note that being Next of Kin does not give an automatic entitlement to access a patient’s medical records.

I have a claim arising from the patient’s death and wish to access information relevant to my claim. Please provide details of the claim separately.

Other (Please state): ……………………………………………………………………………………

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| (c) If you are applying on behalf of another person, you will also need to show proof that you have permission to act on their behalf. We will accept the following as proof. |

A signed declaration by the patient

Proof of appointment by the courts to manage the patient’s affairs where the patient is incapable of managing his/her own affairs.

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| **SECTION 3 – Confirming your identity and address** |

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| **PLEASE NOTE YOU MUST PROVIDE TWO PIECES OF IDENTIFICATION, ONE DOCUMENT FROM SECTION A AND ONE DOCUMENT FROM SECTION B**  **Section A**: In order to confirm your identity, you will need to attach a copy to your application of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed: |

Full valid current passport

ID card

Full valid driving licence

Birth Certificate or Certificate of Registry of Birth or Adoption Certificate.

Other (Please state – e.g. Bus Pass): …………………………………………………………………………

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| **Section B**: You must also confirm your address by attaching a copy of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed: |

Utility bill in your name for the last quarter

Council tax demand in your name for the current financial year

Bank, Building Society or Credit Card statement in your name for the last quarter

Letter addressed to you from a Solicitor or Social Worker

Other (Please state): ……………………………………………………………………………………

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| **If your name is now different from that shown on the document you are providing to confirm your identity, you must also supply documentary evidence to confirm the change of name, i.e. photocopy of Marriage Certificate or Decree Absolute or Decree Nisi papers, Deed Poll or Statutory Declaration.** |

Note: We reserve the right to make further enquiries after you have submitted one of these documents.

We will process the information you provide in order to provide you with the information requested in accordance with your rights under the Data Protection Act 2018. Further information may be found in our Patient [Privacy notice](https://www.gloshospitals.nhs.uk/privacy-notice/) or [Staff privacy notice](https://www.gloshospitals.nhs.uk/staff-privacy-notice/).

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| **SECTION 4 – What information is requested** |

Please tick the appropriate box to indicate which records you wish to access.

Health Records Documentation only – this means your records as an inpatient or outpatient at hospital

Radiology (X-rays/MRI etc.) only – Please ensure you complete the attached RID form on the next page

Pathology (Blood Test Results etc - please note this can run into hundreds of pages).

Maternity Only – Please specify date(s) of pregnancies:

…………………………………………………………………………………………………

(Please note that maternity records are only held for 25 years)

Oncology Records if applicable

Medical Photography if applicable

A copy of my staff personnel file (Please note this option only applies to Gloucestershire Hospitals NHS Foundation Trust Staff).

OR

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| Specific records (please state Consultant, Specialty and approximate dates):  …………………………………………………………………………………………  …………………………………………………………………………………………  …………………………………………………………………………………………  …………………………………………………………………………………………. |

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**Radiological Image Distribution (RID)**

The Radiology Department is changing the method of issuing images to organisations and individuals who make a request for radiological images.

The department will not automatically be sending out CDs or DVDs with the images on them. **Please note that if a disc is required, they are not compatible with Apple MAC.**

The Trust will, if possible, use an electronic system called ‘IEP with Anyone’ – IEP stands for ‘Image Exchange Portal’. IEP can also be used to share images between NHS organisations.

If you wish to have access to your images, you will need to complete the Subject Access Request (SAR) form provided/attached.

You will need to supply an email address to which you would like the information sent. The department will then create a transfer transaction and upload the images to a central server. Once the images are available, Sectra IEP will issue an email notification that the images are available to download. Clicking on the link within the email will take you to the Sectra IEP logon page. Having opened the IEP landing page a text, or email notification, will be sent to you supplying a one-time password to access the images.

The images and reports (if available) can then be downloaded and saved to any suitable device (PC, laptop, etc.). The images/reports will be available to download/save for 14 days from the time that the notification email being issued.

Please provide your preferred email address:

………………………………………………………………………………………………………

Please supply us with a mobile phone number or an alternative email address (this is so your password can be emailed or texted to you)

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Please ensure you request copies of your scans and x-rays once the results have been discussed with you by your GP or Consultant. Please note we are unable to release these images/reports until after that consultation has taken place.

**Please sign here to confirm you have received the results of your scans/x-rays from your GP or Consultant (we are unable to process applications that are unsigned):**

Sign:……………………..……………………………………………………………

Please note that if you do not have an alternative email address or mobile telephone number, please call the Radiology Department on 0300 422 5693/6537/5551 [ghn-tr.radiologyrecordsrequest@nhs.net](mailto:ghn-tr.radiologyrecordsrequest@nhs.net)

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| **SECTION 5 – Formal Declaration** |

Under the terms of the Data Protection Act 2018 / Access to Health Records Act 1990 (access to deceased records only), I request that you provide me with the information I have indicated overleaf. I confirm this is all of the information to which I am requesting access. I also confirm that I am either the patient, or am acting on their behalf. I am aware that it is an offence to unlawfully obtain such information, e.g., by impersonating the patient.

I certify that the information given on this form is true. I understand that it is necessary for Gloucestershire Hospitals NHS Foundation Trust to confirm my identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

|  |  |
| --- | --- |
| SIGNED: |  |
| PRINT NAME: |  |
| DATE: |  |

Please make sure you have:

* Completed the form in full
* Signed the declaration above
* Enclosed the relevant proof of identity
* Enclosed the relevant proof of address
* If applying on behalf of another person, their permission together with any authorities to act on their behalf.

**Please note that copies of your records will be sent to you via AMS secure file email transfer system which enables us to send electronic records to you securely. The user guide can be found on our website.**

If you are unable to complete the form online, please feel free to print, complete and post it back to:

**Subject Access Office**

**Access to Health Records**

**Gloucestershire Royal Hospital**

**Great Western Road**

**Gloucester**

**GL1 3NN**

[**ghn-tr.accessoffice@nhs.net**](mailto:ghn-tr.accessoffice@nhs.net)