**Subject Access Request Application**

**Data Protection Act 2018**

**Section 1**

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| --- | --- | --- | --- | --- | --- | --- |
| **Please complete the following details in full:**  **DETAILS of PATIENT**  (*Please use an additional sheet if there is insufficient space*) | | | | | | |
| Title: |  | | Surname: |  | | |
| Maiden name or any previous surnames: |  | | | | | |
| Forename(s): |  | | | | | |
| Current address: |  | | | | | |
| Post code: |  | | | | | |
| Telephone number: |  | | | | | |
| Email Address: |  | | | | | |
| Date of birth: |  | | | | | |
| Hospital number (if known): |  | | | | | |
| NHS number: |  | | | | | |
| Is this your first application: | Yes |  | | | No |  |
| If you answered no – what date did you last request copies of personal information? |  | | | | | |

**Section 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Access request** | | | |
| Type of request: (Please tick the appropriate box) | | | |
| Full copy of health records | Health records for particular instance of treatment | Other  Please specify below | Records for a Deceased patient  ***See section3*** |

|  |
| --- |
| Please specify the **name of the hospital** where you were treated and if there is a particular period of care you are interested in. **Provide as much information as possible** e.g. dates, specific operation, name of consultant. **Please specify if you want copies of x-rays**. |
|  |

**Section 3**

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| **Details of person completing this form if not the patient:**  Name:  Address:  Relationship to patient:  Telephone number: |
| **Please note:** Unless the patient requested confidentiality while alive, a patient’s personal representative and any other person who may have a claim arising out of the patient’s death has a right of access to information in the deceased person’s records directly relevant to a claim. |
| I declare that the information given in this form is correct to the best of my knowledge and that I am: |

|  |  |
| --- | --- |
| The Patient | A Third Party acting on the patient’s behalf  and attach the patient’s written authorisation |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | | **Date:** |  | |
| **Countersignature** – to be completed by the person required to confirm your identity. | | | | | |
| I certify that I am (Name and Surname): | |  | | | |
| Of address: | | | | | |
| And that I have known the applicant for ……years as an Employee / Client / Patient / Personal Friend / Relative and have witnessed the applicant sign this form. | | | | | |
| **Signed:** |  | | **Date:** | |  |

**I hereby confirm that I have enclosed proof of ID in support of my application;**

**Myself: (*Patient)***

**Third Party Representative: (*if applicable*)**

In order to avoid delay please ensure you return your completed application form **together with suitable ID (see details at end of form) to the relevant information coordinator team for the hospital at which you received treatment.**

**Please return completed forms to either:**

St Bartholomew’s Hospital, The Royal London Hospital, The London Chest Hospital and Mile End Hospital return form to **this address**:

**Information Coordinators,**

**Health Records Department,**

**The Royal London Hospital,**

**Whitechapel,**

**London**

**E1 1FR**

Email: [bartshealth.infoteam@nhs.net](mailto:bartshealth.infoteam@nhs.net)

Contact Number 0203 594 6476 / 6747 Fax 0207 377 7027

**Whipps Cross University Hospital**

Access to Health Records Department

OPD, Phase 1

Barts Health NHS Trust

Whipps Cross University Hospital

Whipps Cross Road

Leytonstone

London

E11 1NR

Email: [accessteam-wx.bartshealth@nhs.et](mailto:accessteam-wx.bartshealth@nhs.et)

Contact Number: 0208 535 6519, Fax:020 8535 6487

**Newham University Hospital**

Healthcare Records Manager

Barts Health NHS Trust  
Newham University Hospital

Glen Road, Plaistow, London, E13 8SL

Email: [accessteam-newham.bartshealth@nhs.net](mailto:accessteam-newham.bartshealth@nhs.net)

Contact Number: 0207 363 9252, Fax Number: 020 7363 9498

**Please Note: If the patient’s last contact with one of our hospitals took place over 25 years ago, there may be a record in the Trust Archives (detailed case notes are not usually retained). In this case, please contact:**

Trust Archives

Barts Health NHS Trust

Lower Ground Form, 9 Prescot Street

London

E1 8PR

Email: [rlh.archives@nhs.net](mailto:rlh.archives@nhs.net)

Contact Number: 02074804823

**Access to health records requests under section 7 of the Data Protection Act 2018**

Everyone has the right under the Data Protection Act 2018 to access any information about them held by an organisation. Therefore, any patient has the right to see the information that is held in their Health Records. You do not need to give a reason to access your health records.

A parent or guardian can only apply on the child’s behalf if the child is under 16 years of age. Please note that a parent does not always have a legal right of access to their child’s health records.

Please complete the form, providing as much information possible. If access has recently been given, further access may not be given until a reasonable time interval has elapsed. What is reasonable depends on the nature of the information, the purposes for which is being used and when the information has been updated.

If you are applying for access to your own records, you will need to:

* **Complete the attached form or make a written request providing all the relevant information.**
* **Provide a proof of identity (i.e. a copy of your passport, driving license or birth certificate) as well as proof of current address**.

As soon as the Trust receives this form they will acknowledge receipt. Throughout this process the Trust will endeavour to keep you informed at all times on how your request for information is progressing, especially if there are any problems providing the requested data.

If you are requesting information on behalf of another person you must provide written permission from the person to do so and provide this at the time of requesting the information together with their I.D. as well as your I.D.

**Limited Access**

The act allows for limited access in certain cases and restricts your right to see some details that may be within your health records:

* Physical/Mental – if a health professional believes that the patient would be seriously harmed by the access, the request may be refused in part or whole.
* Details about another person – where a third party has divulged information given in confidence to a clinician concerning the patient given on the basis that it would not be shared with the patient – these parts of the record will not be released.
* Information which if divulged may stop us preventing or detecting a crime.

**Time Period**

The Trust has 30 days in which to provide the information requested once suitable information and appropriate ID has been received.

**How to Gain Access**

* Application must be made in writing
* It is the responsibility of the applicant to provide enough information to enable Barts Health NHS Trust to identify your records.
* CD Rom copy is available for the provision of radiographic images.
* Solicitors and third party must provide evidence to show they are authorised to act on the patient’s behalf.