

Subject Access Request



RHN collects information from health and care organisations who are providing your care. We do not hold medical records in the same format as a GP or hospital. If you want to see copies of your medical records, you should ask your GP or the health setting that provided your care or treatment.

The data we hold and process is collected from care and treatment records but in coded format rather than words. To get a copy of this information please complete this form, and return to:

**Health Records Management
Royal Hospital for Neuro-disability
West Hill
Putney
London
SW15 3SW**

Or email to: trhfn.sars@nhs.net

In order to help us to process your request quickly and efficiently please complete the attached form and return by email or by post to the above addresses.

You can also use this form to ask to see the records on behalf of someone else, as long as you are legally allowed to act on their behalf. This includes:

- Making a request for someone that you have power of attorney for.

You should fill in all sections of the form that apply to you.

Please make sure you complete all relevant sections in block capitals to ensure that details are clear.

Section 2 should only be completed if you are making the request on behalf of someone else.

Section 1: Details of the person this request is about (the 'Subject')

Please tell us the details below about you, or the person you are applying on behalf of, so that we can check for the information we may hold:

Title	
Surname	
First Name	
Former Surname	
Date of Birth	
Gender	
NHS Number (if known)	
Contact Number (day)	
Email Address	
Home Address (inc. postcode)	

Getting as much information as possible helps us find the information you want. If you/the subject has been known by a different name or has lived at a different address during the time span of your enquiry, please give details below:

Name:	From (date):	To (date):
Address (inc. postcode)		
Name:	From (date):	To (date):
Address (inc. postcode)		

Section 2: Written authority to act on behalf of the person you are making the request for

This section should only be completed if you are making the request on behalf of someone else. If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

Full Name	
Relationship with the subject	
Contact Number	
Email Address	
Address	

Section 3: Proof of Identity

Please do not send any original documents. You can send printed copies or electronic copies. (The following list is not exhaustive).

Applying for yourself

If you are applying for yourself, we need to see:

- one document confirming your name, from Group A, below
- one document confirming your address, from Group B, below

Applying on behalf of someone else

If you are applying on behalf of someone else, we need to see:

- one document confirming your name, from Group A, below
- one document confirming the name of the person you are applying on behalf of, from Group A, below
- one document confirming your address, from Group B, below
- one document confirming the address of the person you are applying on behalf of from Group B, below
- all documents needed to show that you have the authority to access the records, from Group C, below.

A. Documents that confirm your name: (please ✓ document provided)

- ☐ Full driving licence
- ☐ Passport
- ☐ Birth certificate
- ☐ Marriage or civil partnership certificate
- ☐ NHS Digital identity badge

B. Documents that confirm your address: (please ✓ document provided)

- ☐ Utility bill
- ☐ Bank statement
- ☐ Credit card statement
- ☐ Benefit book
- ☐ Pension book

C. Documents that confirm you are allowed to act on behalf of the person you are making the request for: (please ✓ documents provided)

- ☐ Health and Welfare Lasting Power of Attorney
- ☐ Court of Protection Order appointing you as a personal deputy for the personal welfare of the Subject
- ☐ Full birth certificate of child
- ☐ Full certificate of adoption
- ☐ Parental responsibility order
- ☐ Signed declaration from the subject

We may get in touch with you for further information.

Section 4: Helping us to find the information

Please select the information you require and provide a time frame of the information. Being clear about the information you require will help us to respond promptly to your request. If you think you require further information you can always submit a further request and there are no fees attached to your right of access. Please supply as much detail as possible.

- | | |
|--|---|
| <input type="checkbox"/> All medical records | <input type="checkbox"/> x-ray images |
| <input type="checkbox"/> (Please recommend record types) | <input type="checkbox"/> Please recommend record types) |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Please provide the date range for the records you are requesting

- ☐ All Dates
- ☐ Dates between _____ and _____

Section 5: where you would like the copies of your information to be sent

Our preferred method of delivery is via email. Any documents sent will be password protected and sent securely.

If you would like to get your information by post, please note that information posted by special delivery will need a signature upon receipt. However, if the Royal Mail are unable to deliver to the address given and need to return the documentation to the RHN this will be returned by normal post (that is, not securely).

Please tell us where you would like your information sent ***(please select one option)***:

- ☐ I am the Data Subject and would like my information sent to my email address given in Section 1.
- ☐ I am the Data Subject and would like my information sent to my email address given in Section 1.
- ☐ I am the Data Subject and would like my information posted to my home address given in Section 1.
- ☐ I would like my records to be sent to my GP.

GP Name:	
Address: (inc. Postcode:	

- ☐ I am acting on behalf of the Data Subject and would like the information sent to the email address given in Section 2.
- ☐ I am acting on behalf of the Data Subject and would like the information posted to the address given in Section 2.

Section 7: Declaration

Unless there is Health and Welfare Lasting Power of Attorney or the application is being made on behalf of a child under the age of 13, everyone named on this form should sign below.

I confirm that the information that I have supplied in this application is correct, and I am the person to whom it relates, or I am acting on behalf of the Data Subject and have enclosed the relevant proof of authority as detailed in Section 3.

Knowingly or recklessly obtaining or disclosing personal data is an offence under data protection legislation. By signing this form, you are giving agreement that your personal data (or that of the person you are acting on behalf of) can be shared in order that we may process your request and provide you with the information sought.

Your personal data will be kept in accordance with NHS Digital Retention and Destruction procedures.

Data Subject:

Signature: Date:

Print Name:

Person making a request on behalf of the data subject:

Signature: Date:

Print Name:

Your Checklist

Is your contact information correct? ☐ Have you completed all the relevant sections? ☐

Have you enclosed acceptable identification? ☐ Have you signed the form? ☐