Mid Cheshire Hospitals NHS Foundation Trust

Subject Access Request

GUIDANCE ON REQUESTING PERSONAL INFORMATION

You can use this form to ask to see a copy of personal data that we hold about you, in line with the General Data Protection Regulations (GDPR).

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 a child
- Making a request for someone that you have power of attorney for
- By written authorisation

The record holder may, however, withhold any information which might cause the patient or third party serious harm to their physical/mental health, or might identify a third party.

We aim to respond to all access requests within 30 days in line with GDPR guidance.

It is possible to view the health record by arrangement with Legal Services or photocopies can be sent to you. **Please state your preferred choice on the enclosed form**.

Notes for Completion of the Application Form

Please complete the Application Form attached in block capitals, clearly indicating whether you require all or part of your records for a particular treatment.

On Completion of the Form

Please forward the completed application forms to:-

Legal Services
Mid Cheshire Hospitals NHS Foundation Trust
Leighton Hospital
Middlewich Road
Crewe
Cheshire
CW1 4QJ

If you have any queries or would like further information about your rights for access to your health records, please contact us by:-

Telephone: 01270 273917 / 278387

E Mail: legal.services@mcht.nhs.uk

AUTHORITY FOR RELEASE OF HEALTH RECORDS OF PERSONAL HEALTH RECORDS
Subject Access Request under GDPR

This form must be completed in black ink and signed in order for us to process your request.

Section 1 – Please tell us the details below about you, or the person you are applying on behalf of

Patient's surname: _____

Former surname: _____

First name(s): _____

Title: _____

Date of birth: _____

NHS or hospital number (if known): _____

Current address: _____

_____

_____

_____

_____

Postcode: _____

Former address: _____

_____

_____

_____

Postcode: _____

Daytime telephone: _____

Email address: _____

Section 2 – Personal details

Are you the patient? Yes ☐ No ☐

If you have answered "Yes", go straight to Section 4. Otherwise, please provide the information below:

Your full name: _____

Address: _____

_____

_____

Postcode: _____

Daytime Telephone Number(s) _____

Email Address: _____

If you are NOT the patient, please tick the appropriate box below to state your relationship with them.

☐ I have been asked to act by the patient and attach the patient's written Authorisation – go to Section 3.

☐ I hold a Lasting Power of Attorney for Health and Welfare for this patient and I attach confirmation of my appointment.

☐ I am the patient's parent (with parental responsibility) and the patient is under 16 years of age and is incapable of understanding the request/has consented to my making this request.

☐ Other (please state) _____

Section 3 – Consent from the Patient

I (Name) _____

Of (Address) _____

_____

Hereby give my permission for:

(Name) _____

Of (Address) _____

to apply for my health records on my behalf.

Signed: _____

Name: _____

Date: _____

Witness signature and name: (other than the applicant)

_____

_____

_____

Please tick ALL relevant boxes to indicate which types of records you wish to access	**Section 4 – What information is requested?** ☐ Clinical records (Inpatient and Outpatient) ☐ Accident & Emergency Records ☐ Maternity Records ☐ Correspondence to / from hospital / GP ☐ Fertility records (NB consent and ID from your partner will also be required for release of these) ☐ X-rays/scans ☐ X-rays/scan reports **OR** Specific records regarding the treatment of (please state condition/illness and approximate dates): _____ _____ _____ _____
Please tick the appropriate box to indicate if you would like a copy of these records or just to view them	☐ I would like to view the records ☐ I would like a copy of the records Please note that information will be posted to you by recorded delivery and 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 Trust this will be returned by normal post (that is, not securely).

Section 5 – Confirming your identity and address

Please do not send any original documents. You can send printed copies or electronic copie

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:
- Full driving licence
- Passport
- Birth certificate
- Marriage certificate
- NHS Digital identity badge

B. Documents that confirm your address:
- 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:
- 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

Please tell us which copies of documents you are providing:

A: Confirmation of Name	
B: Confirmation of Address	
C: Third Party confirmation	

Section 6 – Formal Declaration

In exercise of the right granted to me under the terms of the General Data Protection Regulations, I request that you provide me with the information I have requested. I confirm that 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 in this form is true. I understand that it may be necessary for Mid Cheshire 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 _____

Your Checklist

Is your contact information correct? ☐

Have you enclosed acceptable identification? ☐

Have you signed the form? ☐

Have you completed all the relevant sections? ☐

For office use only

Date received ----/----/------

Ref no. ---/--------

Appropriate ID received Yes No

Comments/Further ID required ……

……

……

Date request completed -----/----/------

Date posted/collected ----/----/------