

Data Subject Access Request Form (Request for personal data)

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 give individuals (“Data Subjects”) rights to accessing information held about them held by organisations (“Data Controllers”). This is called a Data Subject Access Request (DSAR). GDPR places obligations on data controllers to handle and manage information in a specific way. GDPR relates specifically to information relating to living individuals.

The Access to Health Records Act 1990 (AHRA) gives applicants the right of access, subject to certain exemptions, to deceased persons’ health records. The Trust has a duty to keep deceased patient’s records confidential and is obliged to be satisfied that an applicant is entitled to access a record. Applicants are advised that where a patient has died, the only person who can obtain a copy of the notes are the patient’s personal representative, i.e. Executor/ Administrator of the patient’s estate. The Act also states the application can only be in respect of information relevant to any claim arising from the death.

ABOUT THIS FORM

This form is designed to make the process easier for you if you want to make a request for information that University Hospitals Birmingham NHS Foundation Trust (“the Trust”) holds about you or a deceased individual.

For us to release records we need to have proof of ID and entitlement to validate the legitimacy of the request. The Trust is under no obligation to comply with a request unless we are satisfied with the identity of the requestor. There are **no fees** to pay for the first request, however, subsequent requests **may** incur a charge.

STATUTORY DEADLINES

We will aim to respond to your request within the statutory one-month period upon receipt of valid proof that you have legitimate rights to access the data. Please note, this can sometimes be extended by a further 2 months.

The statutory timeframe for deceased records is 40 days.

HOW TO SUBMIT YOUR APPLICATION

You can submit your application in one of the following ways:

1. Post	2. Email*	3. Telephone
Subject Access Team Lincoln House Basement Birmingham Heartlands Hospital Bordesley Green East Birmingham B9 5SS	SubjectAccessTeam@uhb.nhs.uk *Please note we cannot guarantee the security of information contained in emails whilst in transit.	Tel: 0121 424 2286 *To request an application form

HOW TO COMPLETE THE FORM

SECTION 1: Details of the person (data subject/ patient) whom information is being requested

We require this information to help us identify the patient so that we are sure we have the correct information.

SECTION 2: Details of the person acting on behalf of the data subject/ patient (representative)

This section should only be completed when the application is being submitted on behalf of the data subject on the authority of the data subject or if this is for access to a deceased patient's health records.

SECTION 3: Applicants' relationship to data subject/patient

The Trust will not disclose unless it is satisfied it has evidence of legal authority to do so.

SECTION 4: Description of the information requested

You need to specify the records/ information you wish to access, providing as much details as possible. If we require further details about the information requested, we will contact you.

SECTION 5: Consultation with other people (third parties)

Personal information about one person is often linked to that of another person. For example:

(i) when a relative/ family member, friend, member of the public, or professional, provides personal information.

(ii) When personal information is written about a child, the file often contains personal information about parents, grandparents etc.

In these circumstances, we must consider the rights and interests of all people – including the right of confidentiality, before deciding whether personal information can be released.

The Trust can try to get consent from third parties (other people) involved where appropriate. This means we need to tell them that you have put in a request to access personal information. The amount of information we release to you may be affected if we cannot obtain the consent and/or feedback from any third party involved.

You may not want the Trust to seek consent, if so, tick "no" in section 5 of the form.

SECTION 6: Declaration

We require you to sign the declaration as a statement that the information you are providing is complete and truthful.

This section is divided into 3 parts (please only complete the relevant section that relates to the basis the request is being made on).

- **Part A** should be completed by the data subject or legal parent/ guardian.
- **Part B** should be completed when the applicant has been provided form of authority by the data subject – for example, if the request is being submitted on behalf of a patient: we need to see proof of this.
- **Part C** should be completed if the applicant is requesting health records for a deceased patient.

SECTION 7: Supporting documentation and identification

The Trust is responsible for ensuring personal information is kept safe and secure, and access only provided to those who have a legal right. For that reason, we require x2 proofs of identification for applicant and data subject as well as any other applicable supporting documents to process your request.

IF YOU NEED HELP

Please contact the Subject Access team on 0121 424 2286.

DATA SUBJECT ACCESS REQUEST FORM

Please complete the application form in **BLOCK LETTERS**.

Request reference:		Date:	
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SECTION 1:		Details of the person (data subject/ patient) whom information is being requested								
Surname:		Title:								
Forename(s):		Date of birth:	D	D	M	M	Y	Y	Y	Y
Also known as/ maiden name:		Date of Death (if deceased):	D	D	M	M	Y	Y	Y	Y
Hospital Number/PID/ NHS Number:										
Current/ most recent address:										
		Postcode:								
Please provide the following details if you are happy for us to contact you in these ways:										
Home phone:		Mobile Number:								
Email address:										

SECTION 2:		Details of the person acting on behalf of the data subject (representative)							
Surname:		Title:							
Forename(s):									
Current address:									
		Postcode:							
Telephone Number:		Email:							

SECTION 5:	Consultation with other people (third parties)			
Are you in agreement for the Trust to inform any other parties regarding your request, if consent is required for some of the information to be released:	YES		NO	

SECTION 6	Declaration – please complete either Part A, B or C			
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Part A: I am the data subject/ legal parent/ guardian for the data subject who is a minor (strike off as appropriate)

By signing below, I confirm I am requesting access to personal data about me, and I have the authority/ permission to make this request. I understand that the information I have provided will be used to process the request.

Full name (print): _____

Signed: _____ Date (print): _____

Part B: I am the data subject giving authority to a representative to act on my behalf.

I have been asked to act on behalf of the data subject and below is the data subject's written authorisation.

I hereby give my consent for the below named to make a Data Subject Access Request (DSAR) on my behalf under GDPR and the Data Protection Act 2018 to the Trust. I am aware that it is an offence to unlawfully obtain such information, for example, by impersonating the patient. I certify that the information given in this form is true.

Full name of data subject (print): _____

Signed: _____ Date (print): _____

Full name of representative (print): _____

Signed: _____ Date (print): _____

Part C: Deceased patient's

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under the Access to Health Records Act 1990 because:

I am an Executor of the will/ or hold Grant of Probate and enclose evidence.

I am not a named executor but have a claim arising from the patient's death and wish to access information relevant to the claim and attach details of the grounds of my claim.

(NB an explanation of the claim is required. Information which is not directly relevant to the claim will not be disclosed).

Full name of requestor (print): _____

Signed: _____ Date (print): _____

SECTION 7:

Supporting documents and identification

We will require copies of **two identity** documents (one from each list) prior to releasing any personal data (please see lists below of documents we can accept):

List A - Proof of identity	List B- Proof of address
<input type="checkbox"/> Current valid passport	<input type="checkbox"/> Utility bill (no more than 3 months old)
<input type="checkbox"/> Driving licence (full or provisional)	<input type="checkbox"/> Benefits award letter
<input type="checkbox"/> HM Forces ID Card	<input type="checkbox"/> Bank statement (no more than 3 months old)
<input type="checkbox"/> Birth/ Marriage Certificate	<input type="checkbox"/> Letter from solicitor, social worker etc.
<input type="checkbox"/> UK residential permit/ Home Office letter	

Documents for deceased patient's only:

In addition to providing evidence of your identity, you are also required to provide evidence as indicated below. Please tick the appropriate box to indicate which document(s) you have enclosed:

- Copy of the Will or Grant of probate**, certified by a solicitor, showing the applicant named as executor.
- Letters of Administration**, certified by a solicitor, naming the applicant as being granted letters of administration in respect of the deceased's estate.

Additional information to support request (please continue on a separate sheet if necessary):