General Data Protection Regulation 2016 (GDPR) Subject Access Request Form – **Guidance Notes**

The General Data Protection Regulation (GDPR) gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a 'subject access request'.

Only the following people may apply for access to personal information.

- The person who the information is about.
- Someone acting on behalf of the person who the information is about.

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to know the following.

- What kind of information we keep about you.
- The reason we are keeping it and how we use it.
- Who gave us your information
- Who we might share your information with and who might see your information.

You also have the right to have any codes or jargon in the information explained.

You won't be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else's
- identify another person (except members of NHS clinical staff who have treated the patient), unless that person gives their permission.

If you need any more advice about your rights under the General Data Protection Regulation, please contact The NHS Lothian's Data Protection Officer or, you can contact the Information Commissioner's Office:

Data Protection Officer
NHS Lothian
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Phone – 0131 465 5444
Email: Lothian.DPO@nhs.net

The Information Commissioner's Office – Scotland
45 Melville Street
Edinburgh
EH3 7JL.
Phone: 0131 244 9001
Email: Scotland@ico.org.uk

If you want to make a subject access request, please fill in the form attached.

Fee

Data will be provided **free of charge**. There may be a charge of a 'reasonable fee' when a request is manifestly unfounded or excessive, particularly if it is repetitive.

A reasonable fee may occur when complying with requests for further copies of the same information. This does not mean that there will be a charge for all subsequent access requests.

The fee must be based on the administrative cost of providing the information.

Response time

We will deal with your request as quickly as possible and within 30 days of receiving your request. If we have any problems getting your information we will keep you up to date on our progress.

How long records are kept

The usual rules to do with keeping records are that:

- adult general hospital records are kept for six years after the date of the last entry;
- maternity records are kept for 25 years after the birth of the last child;
- children's and young people's records are kept until the child's or young person's 25th birthday; and
- mental-health records are kept for 20 years after the date of the last contact.

This may help you in considering what types of records you are applying to see.

Points to consider

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form.

We ask for proof of ID or a countersignature (see section 7) because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Notes to help you fill in the form

Personal information
Personal information is information we hold about people in medical records, patient administration and information systems, clinical systems, and other databases or files. We may hold personal information on paper or on computer.

Health professionals
An appropriate health professional may include your hospital doctor, nurse, midwife or health visitor, dentist, optician, pharmacist, clinical psychologist, occupational therapist, dietician, physiotherapist, podiatrist or speech and language therapist.

Section 1: Personal details
This is the person to whom the data relates. Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the required information.

Section 2: Contacts or Attendances with NHS
Please complete as much of this section as you can. Whether you wish to receive all the information or only information relating to one or more specific episodes of care or treatment it will help us to find your details with the minimum of delay.

Section 3: Information you want to access
The General Data Protection Regulation covers both manual (paper) and computerised records. Manual records include all your paper health records. Some information about your care may also be held on computer. This will vary from hospital to hospital so please discuss this when you submit your application.

If you wish to view the original record you will be invited to attend the hospital or clinic at a convenient time, along with a health professional or appropriate other person. If you wish to receive photocopies these will be produced within 30 days.

If you have only asked for a copy of the relevant records, the healthcare professional responsible for your care may invite you to see them so that they can explain the information in your record. You do not have to take up this invitation, but it may be in your best interests to do so.

Section 4: Who is Applying for Access to the Information
The person making the application must complete this section.

- If you are the patient (see section 1 above) – sign then proceed to Section 7
- If you are acting on behalf of others (see section 5 below) the organisation will require the patients authorisation before data can be released. The 'Permission' section of the form must be signed by the patient (section 6) The exception is if you have proof of authority – e.g. Power of Attorney/Welfare Guardianship documents. If this is the case, a certified copy will need o be provided.
- If the patient is a child i.e. under 16 years of age the application may be made by someone with parental responsibilities, in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application his/her consent should be obtained or alternatively the child may submit an application on his/her own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. However, all cases will be considered individually.

Section 5: Details of the Person Acting on behalf of Others
The applicant is the person who is applying on behalf of the patient to get access to the records.

Section 6: Permission
If applicable, the patient must complete this section authorising the organisation to release information to the named applicant.

Section 7: Identification/Countersignature
Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order

Because of the confidential nature of the information held by the organisation, it is essential for us to obtain proof of your identity and your right to receive any relevant information. For this purpose it is essential that you provide either proof of your identity or get the application countersigned.

1 – Provide Two Forms of Identification
Examples of these can be found in section 7

2 – Countersignature
Anyone who knows the applicant personally can sign this section as long as it's not a family member or relative.

Section 8: Declaration
This must be completed by the applicant.

Send your filled-in form to:	Data Protection Officer Mrs E Day Ferguson Medical Practice Strathbrock Partnership Centre 189a West Main Street Broxburn West Lothian EH52 5LH Telephone: 01506 771700

Who to contact in the organisation if you have any complaints:	Mrs E Day Practice Manager Ferguson Medical Practice Strathbrock Partnership Centre 189a West Main Street Broxburn West Lothian EH52 5LH Telephone: 01506 771700

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Please fill in this application form using BLOCK CAPITALS and black ink.

Section 1: Personal Details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

First Name:		**Last Name:**	
Address:			
Postcode:		**Date of Birth:**	
Home Phone Number:			
Other Phone Number:			
CHI (community health index) or hospital number (if known)			
Email Address (this will only be used to process requests, we cannot send confidential information by email)			

If the person this access request is about has changed their name or lived at a different address during the periods of treatment you are interested in seeing information about, please provide these details.

Previous name:		
Previous address:		

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Dates from and to:		

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Section 2: Contacts or Attendances with NHS

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health-service worker in charge of the care (for example, Clinician or Nurse) for each period of treatment in the 'healthcare professional' column.

NHS centre or centres you went to or contacted	Ward, clinic, department, specialty or service	Name of healthcare professional (if known)	Dates from	Dates to

Section 3: Information you want to access

Give details in the box below of the records or information you want to access.

Please tick the appropriate box(es) to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

Details	Manual (paper)	Computerised
Ask for a copy	☐	☐
Make an appointment to view original records only	☐	☐
Receive a copy and make an appointment to view the originals	☐	☐
Radiology (X-Rays, CT/MRI scans etc.)	Only available On CD Rom ☐	

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Section 4: Who is Applying For Access to the Information

Please tick the relevant box that applies:

- I am the person named in Section 1 ☐ → **Go to Section 7**
- I have been asked to act on behalf of the person named in Section 1, and that person has filled in Section 6. ☐ → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and has a general understanding of what it means to request access to personal information (in Scotland, the law presumes this for children aged 12 years and above), and they have filled in Section 6 ☐ → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and is not able to understand the request ☐ → **Go to Section 7**
- I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this (**please provide a certified copy**) ☐ → **Go to Section 8**
- I hold a welfare power of attorney in relation to the person named in Section 1 and enclose proof of this (**please provide a certified copy**) ☐ → **Go to Section 8**

Section 5: Details of the Person Acting on Behalf of Others

You must fill in this section if the person named in section 1 has given you permission to act on their behalf

Name: **(Please print)**	
Address and postcode we should send a reply to:	
Contact phone number:	
Email Address (this will only be used to process requests, we cannot send confidential information by email)	

➔ **Now please complete Section 6**

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Section 6: Permission

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 5 permission to act on your behalf.

I give you, **NHS Lothian**, permission to give _____
(enter the name of the person acting on your behalf) the personal information requested in this form. I have given them permission to act on my behalf.

Signature: _____ Date: / /

Print Name: _____

➔ **Now go to Section 7**

Section 7: Identification/Countersignature

Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. There are two ways you can do this, **please place a tick in the relevant box next to your preferred option:**

1 – Provide Two Forms of Identification (ID) ☐

We require proof of identification and current address. The following is a list of documents we will accept

Proof of ID

- Copy of the identification/photographic page from a current passport
- Copy of the identification/photographic section of a current driving licence
- Other forms of photo ID including travel pass, work badge

Proof of Address

- Copy of a recent utility bill or bank statement
- Copy of current rental agreement
- Copy of recent pay slips

Please do not send original documents.
Any financial details can be redacted (blacked out) or removed.

OR

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2 - Countersignature ☐

The other way to confirm a person's identity is by providing a countersignature.

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration (Section 8). You do not need to see the rest of the form.

A family member or relative should not be asked to sign.

In some cases, we may ask the person applying for more documents as proof of their identity.

I (write your full name) _____ confirm that I have known (name of the person applying) _____ for _____ years, and I was present when they signed the declaration.

Signature:		**Date:**	/ /
Full Name:			
Profession (for example teacher)			
Address:			
Postcode:			
Phone Number:			

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Section 8: Declaration

You must sign this section, and if providing a countersignature to confirm your ID the person you have named in Section 7 (the counter signatory) must be present when you sign.

Releasing information
Keeping personal information confidential and secure is extremely important to us.

We use recorded delivery to send documents by post. If you choose to collect the information in person please ensure you have arranged a time with a member of staff and bring along two forms of identification with you, including one which has your photograph on (see description in Section 7 detailing what we will accept).

Please note: we will not release information until we have received your payment.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the General Data Protection Regulation 2016.

Signature: _____

Print Name: _____

Date: / /

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Handy Check List

Before returning the form please make sure the following information has been provided:

Has the form been signed by the patient and or applicant? ☐

Has the form been countersigned or copy ID provided? ☐

Have you provided a phone number or email address to enable our office to contact you to discuss your application (if required)? ☐

If you wish to discuss the application further, please contact us:

Mrs E Day
Practice Manager
Ferguson Medical Practice
Strathbrock Partnership Centre
189a West Main Street
Broxburn
West Lothian
EH52 5LH
Telephone: 01506 771700