



## SUBJECT ACCESS REQUEST FORM

The General Data Protection Regulations (GDPR) as enacted by the Data Protection Act 2018 (DPA 18) gives individuals rights to accessing information held about them. The GDPR places obligations on those who process personal information to handle and manage information in a specific way. The GDPR relates specifically to information relating to living individuals.

The Access to Health Records Act 1990 (AHRA) deals with the disclosure of deceased persons' health records. Under the AHRA when a person dies, their personal representative, executor, administrator, or anyone having a claim resulting from the death, has a right to apply for access to the deceased's health records. Where the record indicates that the deceased person did not wish their information to be disclosed, this must remain so as common law duty of confidentiality remains after a person is deceased.

### ABOUT THIS FORM

This form should be used if you want to make a request for information that Norfolk & Suffolk NHS Foundation Trust (the Trust) may hold. Under GDPR this is called a *Subject Access Request*, or SAR. This form should also be used to request information about a deceased person's health records under the AHRA. The Trust is not obliged to comply with your request unless we are supplied with such information as we may reasonably require to satisfy ourselves of the identity of the requestor. Although it is not compulsory for you to use this form to make a request it is designed to help us to obtain all the necessary information in order for us to process your request and it will save time.

### STATUTORY DEADLINE

We will respond to your request within one month upon receipt of a valid request. The Trust can extend the period of compliance by a further two months where requests are large or complex.

### FEE

The Trust does not normally charge for the supply of information requested under the GDPR or AHRA.

### HOW TO SUBMIT YOUR APPLICATION

You can submit your application in **one** of two ways:

1. Post this form to the address below address:

POST TO:	EMAIL TO:
Norfolk & Suffolk NHS Foundation Trust Information Rights Team Kestrel House Hellesdon Hospital Drayton High Road Norwich Norfolk NR6 5BE	informationrights@nsft.nhs.uk

### HOW TO COMPLETE THE FORM

#### Section 1: Details of the data subject (person about whom the information is requested)

This section must be completed for all applicants. Please complete all details relating to the data subject (person about whom the information is requested)

**Section 2: Details of the person acting on behalf of the data subject (representative)**

This section must be completed when the application is being submitted on behalf of the data subject or on the authority of the data subject. The section must also be completed if the request is for access to a deceased data subject’s health records.

**Section 3: Relationship of requestor to data subject**

This section must be completed when the application is submitted on **behalf** of the data subject or when requesting access to deceased data subject’s health records.

**Section 4: Description of the information requested**

This section must be completed by all applicants. You need to specify the records/information you wish to access, providing as much detail as possible.

**Section 5: Declaration**

This section must be completed by all applicants and is divided in 3 parts

- **Part A** should be completed by the data subject or legal parent/guardian
- **Part B** should be completed when the applicant has been provided authority by the data subject— for example, if a request is being submitted on behalf of a data subject
- **Part C** should be completed when the applicant is requesting health records of a deceased person

**Section 6: Supporting documents and identification**

Supporting identification documents must be provided for your request to be processed.

**IF YOU NEED HELP** - Please contact the Information Rights Team on 01603 421108/421264.

**SUBJECT ACCESS REQUEST FORM**

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

<b>Section 1: Details of the data subject – MUST BE COMPLETED</b>			
Surname		Title	
Forename(s)			
Former names			
Date of birth			
NHS number			
Current address			
	Country		Post Code
Telephone/mobile n°			
Email address			
<b>Section 2: Details of person acting on behalf of data subject – MUST BE COMPLETED IF BEING REQUESTED ON BEHALF OF THE DATA SUBJECT</b>			
Surname		Title	
Forename(s)			
Current address			

	Country	Post Code
Telephone/mobile n°		
Email address		
<b>Section 3: Your relationship to the data subject – MUST BE COMPLETED IF BEING REQUESTED ON BEHALF OF THE DATA SUBJECT</b>		
Please tick appropriate box:		
<input type="checkbox"/> I have been asked to act by the data subject see <b>Part B</b> below. <input type="checkbox"/> I have parental responsibilities for the data subject who is under 13 years old see <b>Part A</b> below. <input type="checkbox"/> I am the deceased data subject's personal representative—I have attached confirmation of my appointment. <input type="checkbox"/> I have a claim arising from the data subject's death and wish to access information relevant to my claim—I have attached/or detail below an explanation of the claim being considered. <input type="checkbox"/> Other—please state:		
<b>Section 4: Description of information requested – MUST BE COMPLETED</b>		
Please tick the appropriate box to indicate if you wish to access:		
<input type="checkbox"/> ALL NSFT health records <input type="checkbox"/> Specific records regarding the treatment of a condition/illness (please state below) and the approximate date (continue on a separate sheet if necessary) <input type="checkbox"/> Non-health information (detailed below)		
All information requested under the GDPR and the AHRA is <b>provided electronically</b> using the Microsoft One Drive for Business platform (which is Government approved). Requests for paper copies are considered on a case-by-case basis.		<input type="checkbox"/> I would like paper copies of the information because: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

**Section 5: Declaration—please complete either Part A, B or C**

**Part A: should be completed by the data subject or legal parent/guardian if under 13**

**I am the data subject/legal parent/guardian of the data subject who is under 13 years old**  
(strike off as appropriate)

I, the undersigned declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under the GDPR for access to personal data that the Trust holds about me. I understand that it is necessary for Norfolk & Suffolk NHS Foundation Trust to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.

Full name (print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date (print): \_\_\_\_\_

**Part B: should be completed when the applicant has been provided authority by the data subject—for example, if a request is being submitted on behalf of a data subject**

**I have been asked to act by the data subject and below is the data subject's written authorisation.**

**I am the data subject giving authority to a representative to act on my behalf** - I hereby give authorisation for the below named to make a Subject Access Request (SAR) on my behalf under the GDPR to Norfolk & Suffolk NHS Foundation Trust. I am aware that it is an offence to unlawfully obtain such information—for example, by impersonating the data subject. I certify that the information given in this form is true.

Full name of data subject (print): \_\_\_\_\_

Signed by data subject: \_\_\_\_\_ Date (print): \_\_\_\_\_

Full name of representative (print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date (print): \_\_\_\_\_

**Part C: should be completed when the applicant is requesting health records of a deceased person**

**I am requesting access to:**

\_\_\_\_\_ **(full name of deceased data subject)**

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under AHRA because:

- I have a claim arising from the data subject's death and wish to access information relevant to my claim and attach details of the grounds of my claim (please provide documentary information)
- I am a personal representative

I am an executor

Full name of requestor (print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date (print): \_\_\_\_\_

**Section 6: Supporting documents and identification – MUST BE COMPLETED**

In order to confirm your identity, you will need to send us:

- a copy of one of the documents from the proof of identity list below
- one item from the **proof of address** list below

Please tick the appropriate box to indicate which document you have enclosed:

Proof of identity	Proof of address
<input type="checkbox"/> Current passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Utility bill (no more than 6 months old) <input type="checkbox"/> Council tax bill for current year <input type="checkbox"/> Letter from another Government Department <input type="checkbox"/> Recent bank statement (no more than 6 months old)

**For deceased data subject's only:**

In addition to providing evidence of his/her identity, the applicant is required to provide evidence as indicated below. Please tick the appropriate box to indicate which document(s) you have enclosed:

- Executor of the will:** Copy of the last will executed by the deceased person, showing the applicant named as executor
- Letters of Administration:** Copy of such letters, naming the applicant as having been granted letters of administration in respect of the deceased's estate
- Details of the grounds of a claim** which the applicant is entitled to make, arising from the death of the deceased data subject