



**Mansion House
SURGERY**

19-20 Irish Street Whitehaven Cumbria CA28 7BU
Telephone: 01946 693660

Dr R Tranter
Dr P Winterbottom
Dr T Gallagher
Dr A Hetherington

SUBJECT ACCESS REQUEST FORM
Application for Access to Personal Data

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

Section 1: Particulars of Person whose information is requested

Surname	
First name	
Date of Birth	
Address	
NHS Number <i>(if known)</i>	
Telephone Number	

Section 2: Description of the Information you require

Please provide as much information as possible. Give full details of all the periods you are interested in. Please add any additional comments below.

Information Required	Dates
Comments	

Section 3: Type of Records Requested

Please specify your preference by placing a tick (✓) in the appropriate section(s) – please discuss with staff if you are unsure.

Details	Manual (Paper)	Electronic
View Original Record Only		
Photocopy or Print out Only		

Section 4: Declaration

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the personal information referred to above under the terms of the General Data Protection Regulation and the Data Protection Act 2018.

Applicant's Name (Please Print)	
Address to which reply should be sent (if different from above) including postcode	
Signature of Applicant	

(If you are not the person named in Section 1, please tick (✓) one of the following boxes)

- I am the parent/guardian of an individual under 16 years old who has completed the Authorisation section (Section 5)
 - I am the parent /guardian of an individual under 16 years old who is unable to understand the request / has consented to my making this request
 - I am the deceased patient's personal representative and attach confirmation of my appointment by a court to manage the patient's affairs
 - I am the legal representative of the individual, and he / she has given signed authorisation (Section 5)
 - Other (please specify)
-
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(Note: The Access to Health Records Act 1990 still applies in the case of access to the records of deceased patients.)

Confirming your identify and address - Checklist

Please tick (✓) the appropriate box to indicate which documents you have enclosed:

- | | |
|---|--------------------------|
| Full Valid current passport | <input type="checkbox"/> |
| Full Valid driving licence | <input type="checkbox"/> |
| Birth Certificate or Certificate of Registry of Birth or Adoption Certificate | <input type="checkbox"/> |
| Gas, electricity, water or telephone bill in your name | <input type="checkbox"/> |
| Council tax demand in your name | <input type="checkbox"/> |
| Bank, building society or credit card statement in your name | <input type="checkbox"/> |

Section 5: Authorisation (Note 5)

I hereby authorise Mansion House Surgery Whitehaven to release any Personal Data they may hold relating to me to

(enter the name of the person acting on your behalf), to whom I have given consent to act on my behalf.

Signature of Applicant..... Date.....

Please return this application form to:

Subject Access Request
Mansion House Surgery
19-20 Irish Street
Whitehaven
Cumbria
CA28 7BU

Information on applying for access:

The General Data Protection Regulation and Data Protection Act 2018 gives you a statutory right of access to your personal records (paper or computer). In certain circumstances your records or part of your records may be withheld under the terms of the legislation, but if that is the case this will be discussed with you.

Proof of Identity

You must provide two types of identification. These may be:

- Birth Certificate
- Passport
- Driving licence
- Medical Card
- Staff ID badge (for members of staff only)

In addition, proof of address must be provided e.g. bank statement, utility bill, and Tax certificate. Originals must be produced when collecting your information. If you wish to have information sent out to you, photocopies of identification information may be sent to the Practice but must be verified by a "person of standing" e.g. employer, doctor.

Health records

If you wish to learn more about your health care, you can discuss this with health service staff during your consultation or treatment and you can ask to see your health records at that time.

Fees Payable

In accordance with the General Data Protection Regulation and Data Protection Act 2018, in most cases we will not charge a fee to comply with a subject access request.

However, where the request is manifestly unfounded or excessive we may charge a “reasonable fee” for the administrative costs of complying with the request.

We may also charge a reasonable fee if you request further copies of your data following a request.

We will base this fee on the administrative costs of providing further copies.

You will be notified of the charge once we have received your application. Information will not be released until the relevant fee has been paid.

Timescale

The Practice will deal with your request promptly, and in any event a response will be sent to you within one month of receipt of your completed form. If we encounter any difficulties in locating your data we will keep you informed of our progress.

Complaints

If you wish to complain about any aspect of the manner in which your access request was handled, in the first instance you should submit your complaint in writing to:

The Practice Manager
Mansion House Surgery
19-2- Irish Street
Whitehaven
Cumbria
CA28 7BU

Complaints

Any complaint received will be dealt with through the Practice’s Complaints Procedure. If you are dissatisfied with the response you receive you may refer your complaint to the Health Service Ombudsman to review your case at the following address:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
Tel: 03450154033.
Email: phso.enquiries@ombudsman.org.uk
Website: <http://www.ombudsman.org.uk>.

Alternatively, complaints regarding your personal data can be made to the Information Commissioner’s Office. Details of how to complain can be found at www.ico.org.uk.

Notes to assist in the completion of the form

Applicant’s Details (Note 1)

Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the data relating to you. This is particularly important if your name and/or address have changed since the period to which your application refers.

Description of the Information you require

Completing as much of this section as you can will help us to find and provide the information you require with the minimum of delay. For example, you may wish only to receive information relating to one or more

specific time periods, or types of documents. If this is the case please specify in the “*comments section*” provided or discuss with the person handling your request or the Practices Data Protection Officer.

Type of Records requested

The General Data Protection Regulation and Data Protection Act 2018 covers both manual (paper) and electronic records. Please mark which type of record you would like access to.

Declaration

The person making the application must complete this section.

a) If you are the applicant, please sign section 4

b) If you are completing this application on behalf of another person, in most instances, the Practice will require authorisation before we can release the data to you. The individual whose information is being requested should be asked to complete the “Authorisation” section of the form. (Section 5)

c) If the patient is a child i.e. under 16 years of age, someone with parental responsibilities may make the application; 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 children may submit an application on their own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. All cases will be considered individually.

Authorisation

The individual whose information is being accessed must complete this section, authorising the Practice to release information to the named applicant.