



**North West Anglia  
NHS Foundation Trust**

**Subject Access Request**

**All enquiries must be directed to Access Services on the email addresses and or telephone numbers below**

You can use this form to ask to see a copy of health records that we hold about you, in line with data protection legislation.

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
- **Making a request for a deceased person**

Please note your request will not be processed until:

- Proof of identify must be provided if the request is made by the patient, e.g. copy of driving licence, passport, or other official documentation
- For requests made by a patient's nominated representative, a letter of authorisation from the patient or other legal authority as well as proof of identity for both the patient and the nominated representative is required
- For requests made for a deceased person, the **death certificate** must be provided as proof of death as well as proof of identity for the person requesting the information

*To ensure your request is actioned appropriately, we advise requesters to complete our application form, which is the simplest way of providing the team with all the information required to process your request within the 30 day timeframe stipulated in the Data Protection Act.*

If you were previously treated at **any North West Anglia NHS Foundation Trust Hospital** these include **Peterborough City Hospital, Stamford and Rutland Hospital, Hinchingsbrooke Hospital, Doddington Community Hospital and Princess of Wales Hospital** please send your application to:

Access Services Department  
Department 012  
Peterborough City Hospital  
Bretton Gate, Peterborough  
PE3 9GZ

**Email : [nwangliaft.accessservices@nhs.net](mailto:nwangliaft.accessservices@nhs.net)  
Tel: 01733 67 3440/3441**

Access Services Department  
Hinchingsbrooke Hospital  
Hinchingsbrooke Park  
Huntingdon  
PE29 6NT

**Email:[nwangliaft.hhaccessservices@nhs.net](mailto:nwangliaft.hhaccessservices@nhs.net)  
Tel: 01480 416015**



## APPLICATION FOR ACCESS TO PERSONAL HEALTH RECORDS AND INFORMATION

### Section 1 – Patient Details

Details of person whose record is required. **This is for both living and deceased patient requests.**  
(please complete in block capitals)

Title	
First Name	
Middle Name (if applicable)	
Surname	
Previous Surname (if applicable)	
Address	
Post Code	
Tel No	
Date of Birth	
Email address	
Hospital No	
NHS No	

### Section 2 – Information Required

#### RECORDS REQUIRED

*Please tick the appropriate box (s)*

- Accident & Emergency Department records
- Hospital records
- Maternity records
- X Ray/Imaging with reports
- X Ray reports only (no images)

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## North West Anglia NHS Foundation Trust

- Specific documentation **only** required – please state documentation you require i.e. report, discharge summary, correspondence including actual dates. Use the space below to provide details that may help to locate your information. Being clear about the information you require will help us to respond promptly to your request. Please supply as much detail as possible. **Please note that no fees are charges for subject access requests.**

*Please note: Images and documentation provided in CD format cannot be viewed on a MAC computer. Images are provided in CD format in Hinchingsbrooke Hospital but all notes are provided in paper copies only.*

### WHICH HOSPITAL DID YOU ATTEND AND/OR RECEIVE TREATMENT

*Please tick the appropriate box (s)*

- Peterborough City Hospital  
 Hinchingsbrooke Hospital  
 Stamford and Rutland Hospital  
 Princess of Wales Hospital (Ely)  
 Doddington Community Hospital

### Section 3 – Requesters Information

This section should only be completed if you are making the request on **behalf of someone else**.

If you are not the subject, but are acting on behalf of the subject, please tell us the details below. We need to know what gives you the authority to act on their behalf, so please state your relationship with them, for example, parent, solicitor, or holder of power of attorney.

<b>Full Name</b>	
<b>Relationship with the subject</b>	
<b>Contact Number</b>	
<b>Email Address</b>	

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Tick as appropriate

I am the patient	
<b>I am acting on behalf of a deceased patient</b>	
I have been asked to act on behalf of the patient <b>Please complete Part 1 of the Authorisation section on the next page</b>	
I am acting in loco parentis & the patient is under the age of 16 years old	
Patient under 16 years old understands this request being made and consents to the request	
Patient under 16 years old <b>does not</b> understand the request being made – <b>please give further information below:</b>	

#### **Section 4: Proof of Identity**

**Please do not send any original documents. You can send printed copies or electronic copies. (The following list is not exhaustive).**

##### **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

##### **Applying for information of a deceased patient**

If you are applying for information for a deceased patient please provide a copy of the death certificate along with personal ID of the person completing this form

### **Group A**

Documents that confirm your name:

- Full driving licence
- Passport
- Birth certificate
- Marriage or civil partnership certificate
- NHS Digital identity badge

### **Group B**

Documents that confirm your address:

- Utility bill
- Bank statement
- Credit card statement
- Benefit book
- Pension book

### **Group 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

## **Section 5: Where you would like the copies of your information to be sent**

Please note that photocopies only will be supplied where paper copy notes are requested. The original notes will be retained by the Trust and cannot be removed from the Trust premises. The copies of the notes will be in the exact order in which they are stored in the original documents, to ensure that they are an exact representation of the content. **If you do not have access to a computer to read any CDs please state this clearly on your application form and our team will ensure that you receive paper copies only of your requested documentation.**

**Our preferred method of delivery is by Recorded Delivery post. Any documentation sent on a CD will be password protected and sent securely.**

Should you be unavailable to take delivery of the notes by Royal Mail, and they are not collected from the designated collection point/ depot, it can take on average up to six weeks for the notes to be returned to the Trust.

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## North West Anglia NHS Foundation Trust

Please note the Subject Access Team will not photocopy the notes of current inpatients. Should you wish to view your records whilst an inpatient please discuss this with your Care Team.

### Section 6 – Authorisation

#### Authorisation Part 1

I give my consent for North West Anglia NHS Foundation Trust to release my personal health records to:

**Name:**

who will act on my behalf.

**Signature:**

**Date:**

**Print Name:**

**Title:**

### Section 7 – Declaration

Knowingly or recklessly obtaining or disclosing personal data is an offence under data protection legislation. By signing this form, you are giving agreement that your personal data (or that of the person you are acting on behalf of) can be shared within North West Anglia Foundation Trust in order that we may process your request and provide you with the information sought. I declare that the information supplied on this form is correct to the best of my knowledge and that I am entitled to apply for the access to the health record referred to above under the terms of the General Data Protection Regulation (GDPR) and Data Protection Act (DPA 2018)

I hereby understand that you may hold personal data relating to other health organisations. In that instance I understand that this information will only be disclosed to me by your Trust if consent has been obtained from that organisation.

**Signature:**

**Date:**

**Print Name:**

**Title:**

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