

# Moretonhampstead Health Centre

Embleford Crescent, Moretonhampstead, Newton Abbot, Devon, TQ13 8LW

## Subject Access Request Form

Moretonhampstead Health Centre respects the rights of individuals to have copies of their information wherever possible. The General Data Protection Regulations of 2018 in conjunction with the Data Protection Act 1998/2018 gives every living person, or an authorised representative, the right to apply for access to their health records.

Before proceeding, please consider registering for online services where you can view aspects of your medical records at any time and these will be continually updated. This may be the most appropriate option for you.

On receipt of your Subject Access Request we have one calendar month to complete the request. In exceptional circumstances where it is not possible to comply with this timeframe we will contact you to explain and agree a new deadline.

In some circumstances, the Act permits the data controller to withhold information held in your health record. These rare cases are:

- Where it has been judged that supplying you with the information is likely to cause serious harm to the physical or mental health or condition of you, or any other person, or;
- Where providing you with access would disclose information relating to or provided by a third person who had not consented to the disclosure, this exemption does not apply where that third person is a clinician involved in your care

**Personal information collected from you by this form is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.**

If you are using an authorised representative, you need to be aware that in doing so they may gain access to health records concerning you, which not all may be relevant. If this is a concern, you should inform your representative of what information you wish them to specifically request and this should be stated on this form.



**Charges Payable:** In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” in order to comply with your request.

If you have any complaints about any aspect of your application to obtain access to your health records, you should first discuss this with the clinician concerned. If this proves unsuccessful, you can make a complaint through the NHS Complaints Procedure by contacting the Practice formally.

Further information about the NHS Complaints Procedure is available on the NHS Choices website at:

<http://www.nhs.uk/choiceinthenhs/rightsandpledges/complaints/pages/nhscomplaints.aspx>

Alternatively you can contact the Information Commissioners Office (responsible for governing Data Protection compliance). Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Tel 0303 123 1113 or 01625 545 745 or [www.ico.gov.uk](http://www.ico.gov.uk)

# Moretonhampstead Health Centre

Embleford Crescent, Moretonhampstead, Newton Abbot, Devon, TQ13 8LW

**PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.**

**1. Details of Patient Records to be Accessed** (Please complete one form per person)

Surname	Date of Birth									
Forename(s)	Current Address									
Any former names (If Applicable)										
Telephone Number	Previous Address (If Applicable)									
NHS Number (If known/relevant)	Full Postcode									
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

If further details are available please include in a separate covering note.

**2. Details of Records to be Accessed**

In order to locate the records you require please provide as much information as possible. Where possible please list time periods, specific details, and any relevant information i.e. location, written reports etc. Please continue on an additional sheet if required.

Records dated from	Details
/ / to / /	
/ / to / /	
/ / to / /	

**3. Details of applicant** (Complete if different to patient's details)

Full Name		
Company (if Applicable)		
Relationship with individual who's records have been requested		
Address to which a reply should be sent	<b>Postcode:</b>	<b>Tel:</b>

**4. Authorisation to release to applicant** (*to be completed by the patient if NOT making their own request*)

# Moretonhampstead Health Centre

Embleford Crescent, Moretonhampstead, Newton Abbot, Devon, TQ13 8LW

I (Print name) \_\_\_\_\_ hereby authorise Moretonhampstead Health Centre to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.

Signature of patient: \_\_\_\_\_ Date: / /

## 5. Declaration

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.

### Please select one row below:

- a.  I am the patient (data subject).  
 Proof of ID provided \_\_\_\_\_
- b.  I have been asked to act on behalf of the data subject and they have completed section 4 authorisation above.  
 Proof of ID provided \_\_\_\_\_
- c.  I am acting on behalf of the data subject who is unable to complete the authorisation section above  
 Proof of ID provided \_\_\_\_\_  
 Covering letter with further details supplied
- d.  I am the parent/guardian of a data subject under 16 years old and they have completed the authorisation section above.  
 Proof of ID provided \_\_\_\_\_  
 Proof of parental responsibility such as birth certificate
- e.  I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf  
 Proof of ID provided \_\_\_\_\_  
 Proof of parental responsibility such as birth certificate
- f.  I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order  
 Proof of ID provided \_\_\_\_\_  
 Guardianship order attached
- g.  I am the deceased patient's personal representative and attach confirmation of my appointment  
 Proof of ID provided \_\_\_\_\_  
 Confirmation of status as personal representative attached
- h.  I have a claim arising from the patient's death and wish to access information relevant to my claim  
 Proof of ID provided \_\_\_\_\_  
 Covering letter with further details supplied

# Moretonhampstead Health Centre

Embleford Crescent, Moretonhampstead, Newton Abbot, Devon, TQ13 8LW

**Please Note:**

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, Subject Access Requests will be responded to within one calendar month of receiving all necessary information and/or fee required to process the request.
- If you are making a request under the Access to Health Records Act 1990, requests will be responded to within 40 days where no entries have been made to the patient's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within 21 days after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.

<b>Print Name</b>		<b>Signed (Applicant)</b>		<b>Date</b>	/ /
-------------------	--	-------------------------------	--	-------------	-----

**Please complete and send this document to:**

Moretonhampstead Health Centre  
Embleford Crescent  
Moretonhampstead  
Newton Abbot  
Devon  
TQ13 8LW

Or email to [moretonhampsteadhealthcentre@nhs.net](mailto:moretonhampsteadhealthcentre@nhs.net)