

Subject Access Request (SAR) Application under Data Protection Legislations for living patients and/or their legal Guardians

Please read these notes carefully before you proceed with your application

We will need proof of identity from you if you are the applicant and confirmation that you are the lawful representative of the applicant.

The General Data Protection Regulations 2016 (GDPR) and Data Protection Act 2018

Allows an individual to access their own health records. This right can also be accessed by the individual or an authorised representative e.g. a legal Guardian or someone who is their nominated Lasting Power of Attorney for Health and Welfare.

Details on how professionals such as solicitors or the police can access medical records is available on our website: <https://invictahealth.co.uk/accessing-medical-records/>

If you are requesting records concerning a **patient who is deceased**, please complete the form marked **‘Requests for access to records of the deceased under The Access to Health Records Act 1990’**, instead.

We require the consent of the patient/applicant or evidence of your position and responsibilities as legal Guardian.

We may need your assistance and further information to locate and retrieve health records, for example details of the treatment received and by which service or specialty or department.

Medical records can be provided:

- Through patient **online access**
- Via secure, encrypted NHS email
- Via Compact Disc
- In **paper copy***

*Note: These can be collected in person (subject to ID checks) or posted Recorded Delivery. If an average request exceeds 100 pages, we will try to find an alternative means of sending such information. Our online access may be better suited in these instances.

Request for records are now free of charge. However if we believe your request to be manifestly unfounded or excessive we can:

1. Request a “reasonable fee” to deal with the request based on the administrative costs of complying with the request; or
2. Refuse to deal with the request.

Please note if the request is for a medical report to be created, or for interpretation of information within a medical report/record, this will fall under the Access to Medical Report Act (AMRA) - as these both require new data to be created, which is out with the scope of the GDPR and Subject Access Requests. In these cases, a fee can be charged.

We aim to process requests within one calendar month. However, if your health record is deemed complex, a further two calendar months is allowed to fulfill the request; and in some cases, we may charge a fee to cover administrative expenses. There may also be situations where access to your medical records may be restricted or refused.

Please note that in the event any of these situations does apply, you will be notified promptly with reasons.

1. Personal details (records to be accessed)

Surname:
Forename(s):
Date of Birth:(NB: persons aged 13 years+ with capacity must consent & sign section 5)
NHS number:
Address:
.....
Postcode: Tel No: Email:

If the name and/or address is different from the above, during the period(s) to which this application relates to, please give details below:

Previous forename/surname

Previous address.....

2. Details of applicant (if you are not the patient shown above)

Surname: Forename(s):
Address:
.....
Postcode: Tel No: Email:
Relationship to patient:

NB: Consent may be sought from the individual detailed in section 1

NB: Parents requesting records on behalf of a child must provide proof of parental responsibility

NB: Legal Guardians requesting records must provide proof of their position

3. Information required

<input type="checkbox"/> I wish to view the health records using the patient online access	Yes	No
<input type="checkbox"/> I wish to view the health records using secure, encrypted NHS email	Yes	No
<input type="checkbox"/> I wish to view the health records via Compact Disc*	Yes	No
<input type="checkbox"/> I would like my health records provided to me in paper copy*	Yes	No

*if copies are to be collected in person, will these be collected by yourself or will someone collect them for you?
Please circle one: **I will collect my records / I have agreed for someone else to collect them for me****

**Please tell us the name of the person who will collect for you:

Please note that a collection form will need to be completed and ID will be required. Please ask us for the collection form.

4. Please state the information you require - service, date(s) treatments (Providing the exact information required if possible will assist us in responding quickly to your request)

5. Identification

If you are **the patient and applicant** you must provide copies of **one Primary and one Secondary form of identification**. (Please see below).

If you are **applying on behalf of the patient** we will also require **one Primary and one Secondary form of identification for you as well as the patient**, for the full list see below.

NB: if no photo ID is available please provide two forms of the Secondary identification.

Forms of Primary identification	Tick	Forms of Secondary identification (received within last 3 months)	Tick
Current passport		Council tax bill	
Driving license		Utility bill	
Birth certificate		Other bill or statement addressed to you	
If patient lacks capacity			
Enduring/Lasting Power of Attorney for Health and Welfare			
Evidence of appointment as Independent Mental Capacity Advocate			
If child under 13 years			
Birth certificate with parents name included		Child benefit letter	
Relevant legal certification of Guardianship			

6. Declaration

I understand it is an offence to attempt to obtain information relating to another person without lawful grounds to do so.

I declare that the information given on this form is correct to the best of my knowledge and I am entitled to apply for access to these health records under the GDPR.

Patient's Signature:

Date:.....

Applicant's Signature (if not the patient)

Date:.....

Please return this completed form and identification using one of the following

Email:

kmccg.medicalsecretaries@nhs.net

Post or in person:

St James Surgery, Harold Street, Dover, Kent CT16 1SF.

For queries on how to complete this form contact: The email address shown above