**Subject Access Request: Application Form**

**Requesting Your Information**

You have a right under Article 15 of the General Data Protection Regulation (as implemented by the Data Protection Act 2018) to request copies of your medical records, subject to exemptions. This is known as a ‘subject access request’.

Please complete this form if you would like copies of your own medical records.

If you are asking for information on behalf of someone else, please do not complete this form. Instead, please complete the form **‘Subject Access Request – Form for Representatives’**.

**How We Will Use Your Information**

The information you provide will only be used to progress your request and for related administrative purposes. All of your information is treated with respect and in accordance with the Data Protection Act 2018 and the General Data Protection Regulation.

## Section 1: Proof of Identity

## Before we can process your request, we must establish your identity. This helps to ensure that we never release information to anyone who should not have access to it.

To establish your identity, your application must be accompanied by photocopies of one or more official document(s) which show your **name**, **date of birth**, **current address,** and **signature**.

Examples include birth certificate/adoption certificate, driving license, passport, utility bill, council tax bill and bank statement.

If you have changed your name during the period your request covers, proof of your name change must also be provided.

Failure to provide proof of identity will delay your application.

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| **Please add a note here if you are unable to provide the requested proof of identity. We may need to contact you about this before we can process your request.** |
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**Please return your completed form together with your proof of identity copies to:**

Access to Records

Cambridgeshire Community Services NHS Trust

Units 7-8 Meadow Park

Meadow Lane

St Ives

Cambridgeshire

PE27 4LG

Or email to: ccc.accesstoinfo@nhs.net

If you wish to discuss your request further, please telephone: 0300 5556655

**Section 2: Request for Access to Personal Data:** *(Please use capital letters)*

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| **Name:** | **Date of Birth:** | **Sex:** |
| **Current Address:** |  |  |
| **Postcode:** | **Tel No:** |  |
| **Email address:***By providing your email address, you consent to being contact via email with regards to this request.*  |

If your name and/or address have changed during the periods to which your application relates, please give details below and refer to Section 1 regarding proof of identity:

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| **Previous surname:** |
| **Previous address:** |
| **Applicable dates:** |

**Health Care details:**

Please provide as much information as possible. Give full details of all the episodes you are interested in and if you only wish to receive data relating to a specific aspect, please specify in the section below (continuing on a separate sheet if necessary):

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| **Where were you seen?**E.g., North Cambridgeshire Hospital | **What treatment or service did you receive?**E.g., Physiotherapy | **Relevant dates** | **Details of any specific information you do or do not require** |
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| **Section 3: Declaration**I wish to have copies of my own medical recordsand enclose the relevant identification. The information I have supplied on this form is correct to the best of my knowledge. |
| **Signed:** | **Date:** |
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### What Happens Next?

Please return this form and the requested photocopies of your proof of identity to the address on page one of this form.

Please ensure that you have completed all sections of the form, provided as much detail as possible, and signed the form. Failure to do so will result in a delay to your request being processed.

We will send you an acknowledgement upon receipt of your request. We will then apply for the records from the relevant service.

**Sending Records**

Once we are in receipt of your records from the relevant service, we will dispatch your records to you via Royal Mail first class recorded delivery.

We do not recommend that medical records are sent via email as this cannot be guaranteed as secure. However, if you understand the implications of emailing records and would prefer to receive your records via email, this can be arranged in some circumstances.

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| **If you have any questions, please do not hesitate to contact the Access to Records Team:****Telephone**: 0300 5556655**Email**: ccc.accesstoinfo@nhs.net |