



Subject Access Request Form – **Guidance Notes**

The General Data Protection Regulation (GDPR) gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a 'subject access request'.

Only the following people may apply for access to personal information.

- The person whom the information is about.
- Someone acting on behalf of the person whom the information is about.

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to know the following.

- What kind of information we keep about you.
- The reason we are keeping it and how we use it.
- Who gave us your information
- Who we might share your information with and who might see your information.

You also have the right to have any codes or jargon in the information explained.

You won't be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else's
- identify another person (except members of NHS clinical staff who have treated the patient), unless that person gives their permission.

If you need any more advice about your rights under the General Data Protection Regulation, please contact us with the details at the end of the form. Alternatively, you can contact NHS Lothian's Data Protection Officer or the Information Commissioner's Office:

Data Protection Officer
NHS Lothian
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Phone – 0131 465 5444
Email: Lothian.DPO@nhs.net

The Information Commissioner's Office – Scotland
45 Melville Street
Edinburgh
EH3 7JL.
Phone: 0131 244 9001
Email: Scotland@ico.org.uk

If you want to make a subject access request, please fill in the form at the end of these guidance notes. We do not charge for subject access requests.



Subject Access Request Form – **Guidance Notes**

Response time

We will deal with your request as quickly as possible and within 30 days of receiving your completed form and / or proof of identity (see below). If we have any problems getting your information we will keep you up to date on our progress.

Records we hold

As an archive, LHSA keeps records considered to have long-term significance created by the NHS and their predecessor hospitals in the Lothians. These are only a small selection of all records produced. For personal data, these records are more likely to be in the form of registers, giving basic biographical and/or treatment information. We do hold some more detailed medical case notes, but we do not have one of these for every patient.

Points to consider

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form.

We ask for proof of identity or a countersignature (see section 7) because we must get proof of your identity and your right to receive any relevant information, which is otherwise confidential.

Notes to help you fill in the form

Personal information

Personal information is information we hold about individuals in the records we look after. This information may be in medical records (for patients) or administrative / training records (for NHS staff).

Section 1: Personal details

This is the person to whom the data relates. Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the required information.

Section 2: Contacts or attendances with NHS

Please complete as much of this section as you can. Whether you wish to receive all the information or only information relating to one or more specific episodes of care or treatment it will help us to find your details with the minimum of delay.

Section 3: Information you want to access



Subject Access Request Form – Guidance Notes

If you wish to receive copies of any records we may hold about you, these will be produced within 30 days. Similarly, we will also let you know within 30 days if we do not hold any personal information about you.

If you would prefer, you can visit the Archive to see the original records. This is dependent on whether we are physically able to redact any data that may be present in the record on third parties (e.g. information about other patients admitted at a similar time).

Section 4: Who is applying for access to the information

The person making the application must complete this section:

- If you are the patient (see section 1 above), sign then proceed to Section 7
- If you are acting on behalf of others (see section 5 below), the patient's authorisation is required before data can be released. The 'Permission' section of the form must be signed by the patient (section 6). If you have proof of authority – e.g. Power of Attorney/Welfare Guardianship documents – a certified copy will need to be provided.
- If the patient is a child (under 16 years of age), the application may be made by someone with parental responsibilities (e.g. a parent or guardian). If the child is capable of understanding the nature of the application, consent should be obtained or the child may submit an application on his/her own behalf. Generally children will be presumed to understand the nature of the application if older than 12. However, all cases will be considered individually. Please note that, due to our function as an archive, it is extremely unlikely that we will hold records about those still under 16 years of age at the time of application for access.

Section 5: Details of the person acting on behalf of others

The applicant is the person who is applying on behalf of the patient to get access to the records.

Section 6: Permission

If applicable, the patient must complete this section authorising the organisation to release information to the named applicant.

Section 7: Identification/Countersignature

Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order

Because of the confidential nature of the information we hold, it is essential for us to obtain proof of your identity and your right to receive any relevant information.



Subject Access Request Form – Guidance Notes

You need to do **one** of the following:

1 – Provide copies of two forms of identification

Examples of these can be found in section 7

OR

2 – Countersignature

Anyone who knows the applicant personally can sign this section as long as they are not a family member or relative.

Section 8: Declaration

This must be completed by the applicant.

<p><u>Send your filled-in form to:</u></p>	<p>LHSA Archivist Lothian Health Services Archive Main Library, University of Edinburgh 30 George Square Edinburgh EH8 9LJ Phone: 0131 650 3392 Email: lhsa@ed.ac.uk</p>
---	---

<p>Who to contact if you have any complaints:</p>	<p>Data Protection Officer NHS Lothian Waverley Gate 2-4 Waterloo Place Edinburgh EH1 3EG Phone: 0131 465 5444 Email: Lothian.DPO@nhs.net</p>
--	--



Subject Access Request Form

Please fill in this application form using BLOCK CAPITALS

Section 1: Personal details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

First Name:		Last Name:	
Address:			
Postcode:		Date of Birth:	
Home Phone Number:			
Other Phone Number:			
Email Address (this will only be used to process requests, we cannot send confidential information by email)			

If the person this request is about has changed their name or lived at a different address during the periods of treatment in which you are interested in, please provide these details.

Previous name:		
-----------------------	--	--



Subject Access Request Form

Previous address:		
Dates from and to:		



Subject Access Request Form

Section 2: Contacts or attendances with NHS

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health-service worker in charge of the care (for example, Clinician or Nurse) for each period of treatment in the 'healthcare professional' column.

NHS centre or centres you went to or contacted	Ward, clinic, department, specialty or service	Name of healthcare professional (if known)	Dates from	Dates to

Section 3: Information you want to access

Give details in the box below of the records or information you want to access.

Please tick the appropriate box(es) to show how you would like to see the information (please contact us if you are unsure).

Details	Manual (paper)	Computerised
Ask for a copy	<input type="checkbox"/>	<input type="checkbox"/>
Make an appointment to view original records only	<input type="checkbox"/>	<input type="checkbox"/>
Receive a copy and make an appointment to view the originals	<input type="checkbox"/>	<input type="checkbox"/>



Subject Access Request Form

Section 4: Who is applying for access to the information

Please tick the relevant box that applies:

- I am the person named in Section 1 → **Go to Section 7**
- I have been asked to act on behalf of the person named in Section 1, and that person has filled in Section 6. → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and has a general understanding of what it means to request access to personal information (in Scotland, the law presumes this for children aged 12 years and above), and they have filled in Section 6 → **Go to Section 5**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and is not able to understand the request → **Go to Section 7**
- I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this (**please provide a certified copy**) → **Go to Section 8**
- I hold a welfare power of attorney in relation to the person named in Section 1 and enclose proof of this (**please provide a certified copy**) → **Go to Section 8**

Section 5: Details of the person acting on behalf of others

You must fill in this section if the person named in section 1 has given you permission to act on their behalf

Name: (Please print)	
Address and postcode we should send a reply to:	
Contact phone number:	
Email Address (this will only be used to process requests, we cannot send confidential information by email)	

→ Now please complete Section 6



Subject Access Request Form

Section 6: Permission

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 5 permission to act on your behalf.

I give you, **NHS Lothian**, permission to give _____
(enter the name of the person acting on your behalf) the personal information requested in this form. I have given them permission to act on my behalf.

Signature: _____ Date: / /

Print Name: _____

→ Now go to Section 7

Section 7: Identification/Countersignature

Everyone must complete this section UNLESS you are providing:

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. There are two ways you can do this, **please place a tick in the relevant box next to your preferred option:**

1 – Provide Two Forms of Identification (ID)

We require proof of identification and current address. The following is a list of documents we will accept

Proof of ID

- Copy of the identification/photographic page from a current passport
- Copy of the identification/photographic section of a current driving licence
- Other forms of photo ID including travel pass, work badge

Proof of Address

- Copy of a recent utility bill or bank statement
- Copy of current rental agreement
- Copy of recent pay slips

Please do not send original documents.
Any financial details can be redacted (blacked out) or removed.



Subject Access Request Form

OR

2 - Countersignature

The other way to confirm a person’s identity is by providing a countersignature.

The person signing only need to confirm the identity of the person applying, and be a witness when they sign the declaration (Section 8). They do not need to see the rest of the form.

A family member or relative should not be asked to sign.

In some cases, we may ask the person applying for more documents as proof of their identity.

I (write your full name) _____ confirm that I have known (name of the person applying) _____ for _____ years, and I was present when they signed the declaration.

Signature:		Date:	/	/
Full Name:				
Profession (for example teacher)				
Address:				
Postcode:				
Phone Number:				



Subject Access Request Form

Section 8: Declaration

You must sign this section and, if providing a countersignature to confirm your identity, the person you have named in [Section 7](#) (the counter signatory) must be present when you sign.

Releasing information

Keeping personal information confidential and secure is extremely important to us.

We use recorded delivery and tamper-proof envelopes to send copy documents by post. If you choose to collect copy records in person, please ensure you have arranged a time with a member of staff and bring along two forms of identification with you, including one which includes a photograph (see description in [Section 7](#) detailing what we will accept).

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the General Data Protection Regulation 2016.

Signature: _____

Print Name: _____

Date: / /



Subject Access Request Form

Handy Check List

Before returning the form please make sure the following information has been provided:

Has the form been signed by the patient and or applicant?

Has the form been countersigned **OR** copy forms of identification provided?

Have you provided a phone number or email address to enable our office to contact you to discuss your application (if required)?

If you wish to discuss the application further, please contact us: –

LHSA Archivist
Lothian Health Services Archive
Main Library, University of Edinburgh
30 George Square
Edinburgh
EH8 9LJ
Phone: 0131 650 3392
Email: lhsa@ed.ac.uk