



SUBJECT ACCESS REQUEST FORM

Data Protection Act 1998/Access to Health Records Act 1990

The Data Protection Act 1998 (DPA) gives individuals rights to accessing information held about them. The DPA places obligations on those who process personal information to handle and manage information in a specific way. The DPA relates specifically to information relating to living individuals.

The Access to Health Records Act 1990 (AHRA) deals with the disclosure of deceased persons' health records. Under the AHRA when a person dies, their personal representative, executor, administrator, or anyone having a claim resulting from the death, has a right to apply for access to the deceased's health records. Where the record indicates that the deceased person did not wish their information to be disclosed, this must remain so. The deceased's patient records access is provided on the basis of the request, as common law of confidentiality remains after a person is deceased.

ABOUT THIS FORM

This form should be used if you want to make a request for information that Chelsea and Westminster Hospital NHS Foundation Trust (the Trust—which includes Chelsea and Westminster Hospital and West Middlesex University Hospital) may hold about you. Under the DPA, this is called a *Subject Access Request*, or SAR. This form should also be used to request information about a deceased patient's health records under the AHRA. Under Section 7(3) of the DPA, the Trust is not obliged to comply with your request unless we are supplied with such information as we may reasonably require to satisfy ourselves of the identity of the requestor and the fee payable. Although it is not compulsory for you to use this form to make a request it is designed to help us to obtain all the necessary information in order for us to process your request and it will save time.

STATUTORY DEADLINE

We will respond to your request within the statutory 40 days upon receipt of a valid request and the appropriate fee.

FEE

The cost of providing the information is as follows:

Health Records held electronically, including X-Rays	£10
Healthcare records held partially or entirely on paper	£50
Viewing records only (by appointment only)	No fee

You can pay by two methods:

- Cheque (made payable to Chelsea and Westminster Hospital NHS Foundation Trust)
- Cash in person—**do not post cash**

HOW TO SUBMIT YOUR APPLICATION

You can submit your application in **one** of two ways:

1. Post this form to the address below where you received treatment:

Chelsea and Westminster Hospital	West Middlesex University Hospital
Medical Records Business Administration Office Chelsea and Westminster Hospital 369 Fulham Road London SW10 9NH	Health Records Department (SAR Request) West Middlesex University Hospital Twickenham Road Isleworth Middlesex TW7 6AF



2. Bring your documents in person to the hospital where you received treatment:

Chelsea and Westminster Hospital	West Middlesex University Hospital
You must make an appointment by calling 020 3315 8352 or 020 3315 5207 (Mon–Fri 10am–5pm) to book an appointment. E: Businessadministrationoffice2@chelwest.nhs.uk *	You must make an appointment by calling 020 8321 6185 (Mon–Fri 7am–2pm) to book an appointment. E: caw-tr.wm-healthrecords@nhs.net *
Please note: If you arrive without an appointment there may not be a member of staff available to assist with your request.	Please note: If you arrive without an appointment there may not be a member of staff available to assist with your request.
* Please note that if you submit the form by email that this is not classed as a secure route for personal information, although there is little risk involved. Depending on file size and consent from yourself, we may be able to send your information back to you via email using the NHSmail [Secure] encrypted service	

HOW TO COMPLETE THE FORM

Section 1: Details of the data subject (patient)

This section must be completed for all applicants. Please complete all details relating to the data subject (person about whom the information is requested)

Section 2: Details of the person acting on behalf of the data subject (representative)

This section should only be completed when the application is being submitted on behalf of the data subject on the authority of the data subject. The section must also be completed if the request is for access to a deceased patient’s health records.

Section 3: Relationship of requestor to data subject

This section must be completed when application is submitted on behalf of the data subject or when requesting access to deceased patient’s health records.

Section 4: Description of the information requested

This section must be completed by all applicants. You need to specify the records/information you wish to access, providing as much details as possible. If we require further details about the information that you request, we may contact you.

Section 5: Declaration

This section must be completed by all applicants and divided in 3 parts

- **Part A** should be completed by the data subject or legal parent/guardian
- **Part B** should be completed when the applicant has been provided authority by the data subject—for example, if request is being submitted on behalf of a patient
- **Part C** should be completed when the applicant is requesting health records of a deceased patient

Section 6: Supporting documents and identification

Supporting identification documents must be provided for your request to be processed.

IF YOU NEED HELP

Please contact the Medical Records department at the hospital where you received treatment:

Chelsea and Westminster Hospital	West Middlesex University Hospital
T: 020 3315 8352 or 020 3315 5207	T: 020 8321 6185



SUBJECT ACCESS REQUEST FORM

Please complete the application form in **BLOCK LETTERS**.

Section 1: Details of the data subject (patient)			
Surname		Title	
Forename(s)			
Former names			
Date of birth			
Hospital number			
Current address			
	Country		Post Code
Previous address			
	Country		Post Code
Telephone/mobile n°			
Email address			

Section 2: Details of person acting on behalf of data subject (patient)			
Surname		Title	
Forename(s)			
Current address			
	Country		Post Code
Previous address			
	Country		Post Code
Telephone/mobile n°			
Email address			
ICO data controller registration number (if applicable)			



Section 3: Your relationship to the patient

Please tick appropriate box:

- I have been asked to act by the patient and attach the patient's written authorisation.
- I have parental responsibilities for the patient who is a minor (under 16 years old)—I have attached a court order.
- I have been appointed as the Mental Capacity Advocate for this patient and wish to access copies of their records—I have attached confirmation of my appointment.
- I have been appointed by a court to manage the affairs of the patient—I have attached confirmation of my appointment.
- I am the deceased patient's personal representative—I have attached confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim—I have attached an explanation of the claim being considered.
- Other—please state:

Section 4: Description of information requested

Please tick appropriate box:

- Information from Chelsea and Westminster Hospital
- Information from West Middlesex University Hospital

Please tick the appropriate box to indicate if you wish to access:

- ALL records
- Specific records regarding the treatment of a condition/illness (please state below) and the approximate date (continue on a separate sheet if necessary):

Please tick ALL relevant boxes to indicate which types of records you wish to access:

- Clinical records (inpatients and outpatients)
- A&E records
- Physiotherapy records
- Hand therapy records
- Burns records
- Medical illustration
- X-ray images
- X-ray reports
- Musculoskeletal (MSK) records
- Assisted Concept Unit records
- 56 Dean Street

Please tick the appropriate box to indicate if you would you like copies of these records or just to view them:

- I would like copies of the records
- I would like to view the records



Section 5: Declaration—please complete either Part A, B or C

Part A: I am the data subject/legal parent/guardian of the data subject who is a minor (strike off as appropriate)

I, the undersigned declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under the Data Protection Act 1998 for access to personal data that the Trust holds about me under the terms of that Act. I understand that it is necessary for Chelsea and Westminster Hospital NHS Foundation Trust (Chelsea and Westminster Hospital and West Middlesex University Hospital) to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.

Full name (print): _____

Signed: _____ Date (print): _____

Part B: I am the data subject giving authority to a representative to act on my behalf.

I have been asked to act by the data subject and below is the data subject's written authorisation.

I hereby give my consent for the below named to make a Subject Access Request (SAR) on my behalf under the Data Protection Act 1998 to Chelsea and Westminster Hospital NHS Foundation Trust (Chelsea and Westminster Hospital and West Middlesex University Hospital). I am aware that it is an offence to unlawfully obtain such information—for example, by impersonating the patient. I certify that the information given in this form is true.

Full name of data subject (print): _____

Signed: _____ Date (print): _____

Full name of representative (print): _____

Signed: _____ Date (print): _____

Part C: I am requesting access to:

_____ **(full name of deceased patient)**

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under Access to Health Records Act 1990 because:

- I have a claim arising from the data subject's death and wish to access information relevant to my claim and attach details of the grounds of my claim (please provide documentary information)
- I am a personal representative
- I am an executor

Full name of requestor (print): _____

Signed: _____ Date (print): _____



Section 6: Supporting documents and identification

In order to confirm your identity, you will need to send us:

- the original or a certified copy of one of the documents from the proof of identity list below
- one item from the **proof of address** list below

Please tick the appropriate box to indicate which document you have enclosed:

Proof of identity	Proof of address
<input type="checkbox"/> Current passport	<input type="checkbox"/> Utility bill (no more than 3 months old)
<input type="checkbox"/> Current photocard driving licence	<input type="checkbox"/> Council tax bill for current year
<input type="checkbox"/> Current EU driving licence	<input type="checkbox"/> Current benefit book or card, or original notification from the Department of Work and Pensions confirming rights to benefits
<input type="checkbox"/> HM Forces ID card	<input type="checkbox"/> Recent bank statement (no more than 3 months old)

For deceased patients only:

In addition to providing evidence of his/her identity, the applicant is required to provide evidence as indicated below. Please tick the appropriate box to indicate which document(s) you have enclosed:

- Executor of the will:** Copy of the last will executed by the deceased person, certified by a solicitor, showing the applicant named as executor
- Letters of Administration:** Copy of such letters, certified by a solicitor, naming the applicant as having been granted letters of administration in respect of the deceased's estate
- Details of the grounds of a claim** which the applicant is entitled to make, arising from the death of the deceased data subject