Access to Health Records Application Form

The General Data Protection Regulation gives individuals certain rights in relation to personal data that organisations hold about them.

This form is to be used if you wish to find out what information, if any, CSH Surrey is holding or is processing that relates to you.

In most circumstances, we will provide the information you are entitled to free of charge. However, there are some occasions which allow us to charge a reasonable administrative fee for responding to particular requests, if this applies to you we will inform you without delay upon receipt of your application.

To enable us to comply with your request, there is certain information we may require from you. This form is designed to help you provide us with the information we require to progress your request and respond efficiently.

Once we have sufficient information from you, we will aim to respond to your request within 21 days but in any event, within 30 calendar days as required by the General Data Protection Regulation (in force from 25th May 2018)

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| Section 1: About You  If you are acting as a personal representative and are making an application on behalf of another individual, you should record details about the person whose information you require here. |
| **Title:**  **Surname:**  **First Name:**  **Former Surname (if applicable):**  **Date of Birth:**  **Gender (Male/Female):**  **NHS Number (if known):**  **Telephone Number (daytime):**  **Email Address:**  **Home Address:**  **Postcode:**  **Do you currently or have you previously worked for CSH Surrey? If so please provide details:**  **If you would have been known to us by a different name or at a different address during the period to which the information you are seeking relates, please state the name(s) and address (es) below:**  **Name:**  **From (date):** Click or tap here to enter text. **To (date):** Click or tap here to enter text.  **Address:**  **Postcode:**  **Name:**  **From (date):** **To (date):**  **Address:**  **Postcode:** |

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| Section 2: Helping us to find the information |
| Please use the space below to provide further details that may help to locate the information you are seeking, such as:   * Details of dates between which care or treatment was provided; * The CSH services you have received care or treatment from; * Any other information you think may assist us in locating the information you require. |

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| Section 3: Details of the person making this application (if not the service user) |
| **Surname:**  **First Name**:  **Address:**  **Postcode:**  **Relationship to patient:** |

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| Section 4: Declaration |
| Please tick the box that applies;   |  |  | | --- | --- | |  | I am the service user and I have attached a copy of the proof of identity documents as required in Section 5 to prove **my** identity. | |  | I am representing the service user who has given their authorisation for me to act on their behalf by signing the above declaration. I have attached a copy of identity documents required in Section 5 for both me **and** the service user. | |  | The service user does not have Mental Capacity. I have attached a copy of the Lasting Power of Attorney for Health and Welfare to prove my authority along with a copy of **my** identity documents as required by Section 5. | |  | I have Parental Responsibility for the child. I have attached a copy of the child’s birth certificate (or other legal document) evidencing guardianship and a copy of the identity documents as required by Section 5 to prove **my** identity and authority. | |  | The service user is deceased and I am making this application under the Access to Health Records Act 1990. I am the Executor/Administrator to their estate I have attached a copy of the Grant of Probate or Letters of Administration as evidence of this and a copy of the identity documents as required by Section 5 to prove **my** identity. |   **Service User’ Signature:**  Description: Microsoft Office Signature Line...  **Print Name**  **Date:**  **Personal Representative’s Signature:**  Description: Microsoft Office Signature Line...  **Print Name**  **Date:** |

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| Section 5: Proof of Identity |
| To help us establish your identity, you must submit a **photocopy** of **one** document from **each** of the following categories with your application. Section 4 outlines the identity documents which are required, depending on who the request is made by.   |  |  |  | | --- | --- | --- | | Category | Evidence | Attached (please tick) | | Evidence of name | Full driving licence |  | | Passport |  | | Birth certificate |  | | Marriage certificate |  | | CSH Surrey identity badge |  | | Evidence of current address | Utility bill |  | | Bank statement |  | | Credit card statement |  | | Benefit book |  | | Pension book |  | |

Wherever possible, records will be sent to you electronically via encrypted email. Please note that if your information is posted to you it will be sent by special delivery which will require a signature upon receipt. However, if the Royal Mail are unable to deliver to the address given and need to return the documentation to CSH Surrey this will be returned by normal post (i.e. not under confidential cover).

Please return your completed application form via email to csh.sarteam@nhs.net

If you have any queries or are dissatisfied with the response you receive, please do not hesitate to contact the CSH Information Governance Officer

Should you remain dissatisfied following any assessment subsequently carried out you may write to the Information Commissioner’s Office at:

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF