

**Subject Access Request Form**

The Wye Valley NHS Trust holds data about individuals, primarily within the hospital health records. The UK General Data Protection Regulations and the Data Protection Act 2018 gives the public the right to view or receive copies of the information that an organisation holds about them.

You can use this form to ask to see a copy of personal data that we hold about you. You can also use this form to ask to see the records on behalf of someone else, as long as you are legally allowed to act on their behalf. This includes:

* Making a request for a child that you hold parental responsibility for.
* Making a request for someone that you have power of attorney for.

Please note that if the person has capacity we may still need to gain their consent for processing the request.

Section 1 – Identity of the Person about whom the information is requested

(*PLEASE COMPLETE IN BLOCK CAPITALS*)

|  |  |
| --- | --- |
| **SURNAME:** | **FORMERLY:** |
| **FORENAME(S):** | **DATE OF BIRTH:** |
| **CURRENT ADDRESS:** | **PREVIOUS ADDRESS:** |
| **TEL NO:** | **NHS NO (***IF KNOWN***):** |
| **EMAIL ADDRESS:** | |

**Section 2 – Details of the information required**

|  |  |  |
| --- | --- | --- |
| Department | Brief details of information required | Approximate Date(s) |
|  |  |  |

*Please tick the box if you would like to receive all records held*

*Please tick the box if you would like to receive all Radiology imaging/ X-Rays relating to your request*

*(Please note, all Radiology images will be sent in the post via recorded delivery on a CD)*

**Section 3 – Declaration**

I declare that the information given is correct to the best of my knowledge and confirm that I am entitled to apply for access to the information detailed above, under the terms of the GDPR.

Knowingly or recklessly obtaining or disclosing personal data is an offence under data protection legislation.

By signing this form, you are giving agreement that your personal data (or that of the person you are acting on behalf of) can be shared within Wye Valley NHS Trust in order that we may process your request and provide you with the information sought. Your personal data will be kept in accordance with Wye Valley NHS Trust’s Retention and Destruction schedule.

(*Tick as appropriate*)

|  |  |
| --- | --- |
|  | I am the patient named in this application |
|  | I have been authorised to act by the patient named in this application |
|  | I am the person’s parent/legal guardian and have parental responsibility |
|  | The person is over 13 years of age. I am their next-of-kin / legal representative. I am making this application as they lack the capacity of understanding to make the request. |
|  | I attach copies of personal identity documentation, which must include verification of address |

|  |  |
| --- | --- |
| **SIGNED:** | **ADDRESS** (if different from that in Section1) |
| **PRINT NAME:** |
| **DATE:** |
| **TELEPHONE NUMBER:** |
| **RELATIONSHIP TO PERSON:** |
| **EMAIL ADDRESS:** | |

**Section 4 – Authorisation for application made on behalf of another person**

I hereby authorise release of my records, as specified above, to the person named in Section 3 and declare that I am the person named in Section 1 of this form.

|  |
| --- |
| **SIGNED:** |
| **PRINT NAME:** |
| **DATE:** |

Section 5 – To be completed for information relating to a deceased patient only

I certify that I am the personal representative or may have a claim resulting from the death of the patient named on this form.

(*Please attach a copy of the death certificate or Will*).

|  |
| --- |
| **SIGNED:** |
| **PRINT NAME:** |
| **DATE:** |



**Section 6 - Where you would like the copies of your information to be sent**

Our preferred method of delivery is via email where file sizes allow. Any documents sent by email will be password protected and sent securely. If you would like to get your information by post, please note that information posted by special delivery will need a signature upon receipt. This will be sent out on disc and will also require a password.

Please tell us where you would like your information sent ***(please select one option):***

|  |  |
| --- | --- |
|  | I would like the information sent in the post |
|  | I would like the information sent via email |

Please confirm the details of the identification information enclosed with the application:

Please note your application will need to be accompanied by copies of at least two official documents that relate to the person making the request. Please do not enclose original documents. These should confirm your name, date of birth and current address e.g. driving license, birth / adoption certificate, recent utility bill. A list of examples of documents you can use are on the last page of this document.

|  |  |
| --- | --- |
|  | Photocopy of current photo driver’s licence |
|  | Photocopy of current passport |
|  | Authorisation to act on behalf of a person that lacks capacity, e.g. power of attorney |
|  | Utility Bill |
|  | Birth / adoption certificate |
|  | Other (please state document): |

**Your Checklist:**

|  |  |
| --- | --- |
|  | Is your contact information correct |
|  | Have you completed all the relevant sections? |
|  | Have you enclosed acceptable identification |
|  | Have you signed the form? |

WARNING:

It is a criminal offence to make false or misleading statements in order to obtain information.

Please return the completed form and accompanying proof of identification to:

Address: Subject Access Department

Wye Valley NHS Trust

Monkmoor Court

31-34 Commercial Road

Hereford

HR1 2BG

Email: [wvt.subjectaccess@nhs.net](mailto:wvt.subjectaccess@nhs.net)

(*If you are returning this form by email, please make sure you also attach your ID*)

Contact number: 01432 262 064/065

**FOR MORE INFORMATON:** Please refer to the ICO Website for more general information <https://ico.org.uk/> and <https://ico.org.uk/your-data-matters/> for your Individual rights.

|  |  |
| --- | --- |
| **One document confirming your name**   * Full driving license * Passport * Birth certificate * Marriage or civil partnership certificate * NHS identity badge | **One document confirming your address**   * Utility bill * Bank statement * Credit card statement * Benefit book * Pension book |
| **Examples of documents that confirm you are allowed to act on behalf of the person you are making the request for:**   * Health and welfare lasting power of attorney; * Court of protection order appointing you as a personal deputy for the personal welfare of the subject; * Full birth certificate of the child; * Full certificate of adoption; * Parental responsibility order; * Signed declaration from the subject. | |

**Examples of Identification Documents You Could Use for Your Subject Access Request**

This is not an exhaustive list of all identification options so if you are unsure, please do not hesitate to contact us to discuss this further.

**Contact details:**

Subject Access and Data Protection Act Administrator  
Wye Valley NHS Trust  
Monkmoor Court  
31-34 Commercial Road  
Hereford HR1 2BG

Tel: 01432 262064/262065  
Email: [wvt.subjectaccess@nhs.net](mailto:wvt.subjectaccess@nhs.net)