**Subject Access Request (SAR) Application**

**Please read these notes carefully before you proceed with your application**

**Right of access under the UK General Data Protection Regulations (UK GDPR)**

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| An individual has the right to access their own health records. This right can also be accessed by the individual or an authorised representative e.g. a legal Guardian or some who is their nominated Power of Attorney for Health and Wellbeing. |
| Details on how professionals such as solicitors or the police can access medical records is available on our website: <https://www.medway.nhs.uk/patients-and-visitors/accessing-health-records> |
| If you are requesting records concerning a patient who is deceased, please instead complete the form marked Access to Health Records of the deceased: <https://www.medway.nhs.uk/patients-and-visitors/accessing-health-records> |
| We will require consent of the patient/applicant or evidence of your position and responsibilities as legal Guardian. |
| We may need your assistance and further information to locate and retrieve health records, for example details of the treatment received and by which service or specialty or department. |

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| Health records can be personally viewed by attending at the Trust upon appointment or alternatively copies may be supplied. Copies may be in:   * a password protected pdf securely emailed to you where the file size permits. * electronic format where file size does not permit email transfer, files will be encrypted onto disc and sent by signed-for delivery, discs are unable to be copied once received as the encryption mechanism prevents this.   Please note that images can only be supplied via the Image Exchange Portal. Instructions on how to access these will be sent via email. This is to ensure the safety and security of the records |
| Request for records are now free of charge. However if the Trust believes your request to be manifestly unfounded or excessive we can:   1. Request a “reasonable fee” to deal with the request based on the administrative costs of complying with the request; or 2. Refuse to deal with the request. |
| We aim to process requests within one month of receipt of request, or within one month of receipt of information requested to confirm the requester’s identity.   We will advise you within one month of receiving the request if this timeframe is going to be extended.   Reasons for extending the timeframe include:  - if the request is complex - if the Trust have received a number of requests from you (for example a SAR and a request for erasure and a request for data portability)  An extension will be calculated as three months from the date of receipt of request or fee or other requested information. |
| Please note that there may be situations where health information may be limited or denied. In these situations we will provide you with reasons why information has been limited or denied. |

**Please return this completed form and identification to:**

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| **Email:** [medwayft.sars@nhs.net](mailto:medwayft.sars@nhs.net)  **Post:** SARs Team, Legal Services, Residence 13  Medway NHS Foundation Trust, Windmill Road, Gillingham, Kent, ME7 5NY | **For queries on how to complete the form contact the SARs team** on 01634 830000 ext 3495 |

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| **1. Personal details (records to be accessed)** | |
| Surname ………………………………………………………………………………………….  Forename(s) ……………………………………………………………………………………..  Date of Birth ……………………. (NB: persons aged 13+ with capacity must consent & sign section 5)  NHS number ………………………………………  Address ....………………………………………………………………………………………….  ………………………………………………………………………Postcode.………………………………………  Tel No ………………………………………………. Email ………………………………………………………  If the name and/or address is different from the above, during the period(s) to which this application relates to , please give details below:  Previous forename/surname ………………………………………………………………………  Previous address…………………………………………………………………………………….  ………………………………………………………………………………………………………… | |
| **2. Details of applicant (if you are not the patient shown above)** | |
| Surname ………………………………………Forename ………………………………………...  Address ………………………………………………………………………………………………  ……………………………………………………………………Postcode….…………………….. Tel No …………………………….. Email …………………………………………………………  Relationship to patient ………………………………………………………………………………  **NB: Consent may be sought from the individual detailed in section 1**  **NB: Parents requesting records on behalf of a child must provide proof of parental responsibility**  **NB: Legal Guardians requesting records must provide proof of their position** | |
| **3. Information required** | |
| * I wish to view the health records with an appropriate member of staff via mutually agreed appointment | Yes No |
| I require copies of the health records in the following format:   * encrypted pdf (where file size permits the records to be emailed) * on a password encrypted CD | Yes No  Yes No  Yes No |
| Is this request in relation to a claim against Medway NHS Foundation Trust? | Yes No |

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| **4. Please provide a brief summary of the information you require - service, date(s) treatments,  e.g. MRI scans, inpatient stay** | | | | | | | |
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| **5. Identification** | | | | | | | | |
| You must provide copies of one Primary and one Secondary form of identification. (Please see below) if you are the patient and applicant. If you are applying on behalf of the patient we will also require Primary and  Secondary identification for you as well as the patient for the full list see below  NB: if no photo ID is available please provide two forms of the Secondary identification. | | | | | | | | |
|  | **Forms of Primary identification** | | **Tick** | **Forms of Secondary identification Tick**  **(received within last 3 months)** | | **Tick** |  | |
|  | | | | | |  | |
| Current passport |  | | Council tax bill |  | |
| Driving license |  | | Utility bill |  | |
| Birth certificate |  | | Other bill or statement addressed to  you |  | |
| **If patient lacks capacity** | | | | | |
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| Enduring/Lasting Power of Attorney for  Health and Welfare | |  |  |  | |  | |
| Evidence of appointment as Independent  Mental Capacity Advocate | |  |  |  | |
| **If child under 13** | | | | | |  | |
| Birth certificate with parents name included | |  |  |  | |  | |
| Relevant legal certification of Guardianship | |  |  |  | |  | |
| **6. Declaration** | | | | | |  | |
|  | I understand it is an offence to attempt to obtain information relating to another person without lawful grounds to do so.  I declare that the information given on this form is correct to the best of my knowledge and I am entitled to apply for access to these health records under UK data protection law.  Patient’s Signature: ……………………………………………………………. Date: ……..………………….  Applicant’s Signature (if not the patient)  …………………………………………………………………………………... Date: …………………………. | | | | | |  | |