**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: [Accessing-Health-Records](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: [Requests-for-access-to-records-of-the-deceased-form.docx](https://www.medway.nhs.uk/app/app-uploads/2024/09/SARS-Requests-for-access-to-records-of-the-deceased-form.docx) |
| 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. |
| Accessing your health information via Patient Knows Best (PKB) **-** *This service is available in Medway to any patient aged 18 years and over.* As part of the patient portal, patients are able to access the following:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Appointment details | Scan /imaging report | Allergies/ Demographic details | Care plans | Test results | Medical Correspondence/ Letters | Electronic Discharge Summary |   These are now live via Patients Know Best (PKB); to sign up via the NHS APP or [Medway Patients-know-best](https://www.medway.nhs.uk/services/patients-know-best)  Find out more in the [Patients Know Best manual](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmanual.patientsknowbest.com%2Fgetting-started%2Fhow-to-register&data=05%7C02%7Comolara.bakare%40nhs.net%7Cdf877b8f8b6640c0406a08dde0841b1b%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638913580169488406%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=laPLzLiglUW1i0GNumUHIpfecGd1iLf%2Flea8J0c7jFU%3D&reserved=0) |

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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. * Where file size exceeds standard email transfer limits, files will be shared securely via Egress.   This ensures encryption in transit and prevents unauthorised copying.  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, 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 [medwayft.sars@nhs.net](mailto:medwayft.sars@nhs.net) or 01634 830000 ext. 6696 |

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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 ………………………………………………………………………………..................... | |
| **3. Information required  (please note we are only able to release records made at Medway NHS Foundation Trust)** | |
| **Is this request in relation to a claim against Medway NHS Foundation Trust?** | Yes No |
| **I require access to the health records** for the following date range:  Date range: ………………………………………………………………………………………………..  To be provided in the following format:   * Digital download of encrypted pdf | Yes No |
| **I require access to X-Rays / MRI / CT Scans / Ultrasounds** for the following date range:  Date range: ………………………………………………………………………………………………..  To be provided in the following format:  Digital download *(requires confirmation of 2 email addresses or one email address and a mobile phone number that you have access to and once sent, the link must be accessed within 5 days)* | Yes No |

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| **4. Please provide details of any other information requested:** | | | | | | | | |
| I require access to the following additional information:  ………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………  Date Range: ……………………………………………………………………………………………………………………………... | | | | | | | | |
| **5. Identification** | | | | | | | | |  |
| * **You must provide:**  copies of one Primary and one Secondary form of identification (for yourself as the requestor, and also for the patient if you are requesting on behalf of someone else) *AND, if you are requesting on behalf of someone else* * proof that you are an individual able to request access (either a copy of signed written authorisation from the patient or copy of documentation evidencing that you are a Legal Guardian for a patient incapable of understanding the nature of this request)   NB: if no photo ID is available please provide two forms of the Secondary identification. | | | | | | | | |
|  | **Forms of Primary identification** | **Tick** | | | **Forms of Secondary identification  (received within last 3 months)** | **Tick** | |  |
| Current passport | |  | | Council tax bill | |  |
| Driving license | |  | | Utility bill | |  |
| Birth certificate | |  | | Other bill or statement | |  |
| **If patient over 13 years old lacks capacity** | | | | | | |
| Power of Attorney for Health and Welfare; or  Power of Attorney for Property and Financial Affairs | | |  |  | |  |  |
| Evidence of appointment as Independent  Mental Capacity Advocate by the Court of Protection | | |  |  | |  |
| **If patient is a child under 13 years old** | | | | | | |  |
| 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.  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: …………………………… | | | | | | |  |