



Subject Access Request Form (Request for personal data)

Table of Contents

About the Trust	1
About This Form	1
Fees.....	2
Providing copies of your Health Records to you	2
Are there any other ways of seeing my Health Records?	2
How long will it take to get my records?	2
Exemptions.....	2
How To Submit Your Application	3
If You Need Help	3
Sections of this Form: Explanations and what needs to be completed when	3
Section 1: Details of the Data Subject (Patient).....	4
Section 2: Details of the Person (The Representative) acting on behalf of the Data Subject.....	4
Section 3: Description of the information requested	5
Please tick the appropriate box(es) for where you received treatment:	5
Section 4: Declaration - please complete either Part A or B or C (Living patient records only)	6
Section 5: Supporting documents and identification	7
Section 6: Declaration: for requests for deceased patients records only	8

Subject Access Request is the request for information, which is about the data subject who is a living individual. The Access to Health Records Act 1990 (AHRA), the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA) give individuals ("Data Subjects") rights to accessing information held about them by organisations ("Data Controllers"). .

GDPR/DPA relates specifically to information relating to living individuals.

The AHRA deals with the living and also deals with the disclosure of deceased persons' health records. Under the AHRA, when a person dies their personal representative, executor, administrator may gain access. Where the record indicates that the deceased person did not wish for their information to be disclosed, then this must remain so unless a court order is obtained. Access to a deceased patient's health record is provided on the basis of the request under AHRA, as the Common Law Duty of Confidentiality remains after a person is deceased.

About the Trust

Chelsea & Westminster Hospital NHS Foundation Trust ("the Trust") covers our two main hospital sites West Middlesex University Hospital and Chelsea & Westminster Hospital and all other satellite sites and clinics.

About This Form

This form is designed to make the process of applying for your personal information as easy for you as possible. Use of this form is not however mandatory and you may also make a request by phoning, emailing,



or writing to us instead. We will require a valid ID before we begin processing your application, irrespective of the method you choose to contact us.

Fees

In most circumstances, there is **no fee** to pay for complying with a first Subject Access Request unless it is manifestly excessive or unreasonable. Subsequent or repeat requests may be chargeable.

IF requesting paper copies they will only be stored for one month, following which they will be confidentially destroyed. Should you submit a further application for the same records, then a fee for a repeat request would likely be applicable.

Providing copies of your Health Records to you

Electronically: We will endeavour to provide copies of your health records **electronically** in order to cut down on time, cost and environmental damage. We will choose the best option for this.

Copies of x-ray/scans may be provided on disc which will be encrypted with a password.

Post: If you would like to get your information by post, please note that information posted by special delivery will need a signature upon receipt. If Royal Mail are unable to deliver to the address provided and need to return the documentation to the Hospital, then this will be returned by normal post (i.e. not securely - unless the address is invalid).

Collection: If collecting paper copies of your records please bring proof of your identity e.g. passport, driving licence etc.

If someone is collecting your records for you, then let us know beforehand. They must bring proof of their identity and written authorisation signed by you to allow them to collect the documentation.

Please note: The Trust are only able to process requests for access to any data that we hold about patients whose care we are responsible for. Requests for access to primary care health records from General Practice or from other Hospital or Community Services (secondary care), should be directed to the relevant organisation.

Current Inpatients: Please note the Subject Access Team will not have access to notes of current inpatients. Should you wish to view your records whilst you are an inpatient, then please discuss this with your Care Team.

Are there any other ways of seeing my Health Records?

The Trust subscribes to a sector wide service called The Care Information Exchange (**CIE**) run by Patient Knows Best (**PKB**).

This service enables you as a patient to access certain sections of your health record such as diagnostic test results, outpatient outcome letters and x-rays (Not ultrasound or MRIs currently).

For fuller details click on the link. <https://manual.patientsknowbest.com/getting-started/how-to-register>

How long will it take to get my records?

We will try to respond to your request within **the statutory timeframe of one calendar month, although we aim to respond to you** sooner. As stated above, this is subject to the Trust receiving valid proof of identity to ensure that you have a legitimate right to access the data. This may be in addition to receipt of any fees (if these apply).

If your request is complicated we will inform you and may extend the deadline up to a maximum of 2 further calendar months.

Exemptions

There are several exemptions that are set out under the GDPR and Data Protection Act 2018 which allow information to be withheld from disclosure. Some of the current exemptions include the following:



- A disclosure of third party personal data, unless the third party consents to their data being disclosed in response to the request, or there are overriding Public Interest considerations in disclosing that data. Wherever possible, we will seek the consent of the third party to disclose their personal data in response to a request, without disclosing personal data about you, the requestor.
- A disclosure of information which is likely to cause serious physical or mental harm to you or another person;
- A disclosure of information which relates to legal advice or legal proceedings, as this is covered by legal professional privilege

How To Submit Your Application

Please complete all relevant sections, and include copies of your personal Identification (photo ID and utility bills) or for deceased patients the evidence of your legal right to access the deceased patient's records, or alternatively please detail the reason for your application to access the records

Once completed you can submit this application form in **one of three ways**.

1. **Email:** Please send the form and evidence to sar.cwh@nhs.net (same email address for all sites).
2. **Post:** Please send requests for all sites to this address.

Health Records Department (SAR's office Request)
Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

3. **Hand Delivery:** Book an appointment and bring your documents in person to the designated hospital:

You must make an appointment by calling **0203 315 5207** or **0203 315 8352** (Mon–Fri 10am–4pm) where details of where to bring the application will be given. (**Please note:** If you arrive without an appointment there may not be a member of staff available to assist with your request)

If You Need Help

Please either call the Health Records department at the hospital where you received treatment or send an email for Chelsea and Westminster Hospital and West Middlesex University Hospital

Email:	sar.cwh@nhs.net
Telephone:	020 3315 5207 or 0203 315 3275 or 020 3315 8352

Sections of this Form: Explanations and what needs to be completed when

Section 1: Details of the Data Subject (Patient) – Compulsory, all applications

Section 2: Details of the Person (The Representative) acting on behalf of the data subject

To be filled in when a representative is applying for access or the records are for deceased patients

Section 3: Description of the information requested – Compulsory, all applications

Section 4: Declaration – for access to LIVING patient records

- **Part A** should be completed by the data subject/patient.
- **Part B** should be completed by a Representative who has been given authority by the data subject or the courts, **adults** only
- **Part C** For a **child's** data: should be completed by a responsible adult / legal parent / guardian

Section 5: Supporting documents and identification – All applications



Section 6: Declaration – for access to **DECEASED** patient Records only

SUBJECT ACCESS REQUEST FORM

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

Section 1: Details of the Data Subject (Patient)			
<i>This section must be completed for all applicants. Please complete all details relating to the data subject (person about whom the information is requested)</i>			
Surname:		Title	
Forename(s)			
Date of birth:			
NHS or Hospital number			
Current address			
	Country		Post Code
Previous address			
	Country		Post Code
Telephone/mobile n°			
Email address			

Section 2: Details of the Person (The Representative) acting on behalf of the Data Subject			
<i>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 or the courts. The section must also be completed if the request is for access to a deceased patient's health records</i>			
Surname		Title	
Forename(s)			
Current address			
	Country		Post Code
Telephone/mobile n°			
Email address			
ICO data controller registration number (if applicable)			



Please tick the appropriate box(es) for where you received treatment:

To help the NHS save time and resources, it would be helpful if you could provide details below informing us of the periods and parts of your health records you require, along with details which you may feel have relevance i.e. Specific records regarding the treatment of a condition/illness consultant name, location, 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:

- [illegible]

For either the PATIENT (data subject)		Or the REPRESENTATIVE	
Electronic copies of my email are given in Section 1		Electronic copies to my email in Section 2 acting on behalf of:	
Or paper copies-collection in person		Or paper copies-collection in person on behalf of:	
Or paper copies by post to my address in Section 1 <i>(There will be an administrative charge if we consider your request to be manifestly unfounded or excessive, or if you are requesting information we have already provided to you.)</i>		Or paper copies by post to my address in Section 2 acting on behalf. <i>(There will be an administrative charge if we consider your request to be manifestly unfounded or excessive, or if you are requesting information we have already provided to you.)</i>	



Section 4: Declaration - please complete either Part A or B or C (Living patient records only)

Part A: I am the data subject (Patient)

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 Access to Health Records Act 1990, the GDPR and the Data Protection Act 2018 for access to personal data that the Trust holds about me under the terms of that Act. I understand that it is necessary for the Trust to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.

Please tick the relevant box below (ONE box only)

☐ I give consent for the Health Records Team and members of my Care Team to review my medical file in order to disclose this information to me.

or

☐ I give consent for the Health Records Team and members of my Care Team to review my medical file in order to disclose this information to my representative named below

Full name (Data subject/Patient): _____

Signed: _____ Date: _____

Part B: I am the representative acting on behalf of the data subject (patient – adult only)

Please tick the relevant box below (ONE box only)

☐ I have been authorised by the Data Subject named at **Part A** (who has capacity) to act on their behalf and attach their written authorisation.

or

☐ I am acting on the behalf of the data subject, who lacks capacity, and I hold Lasting Power of Attorney for Health and Welfare, or I have been appointed as the Independent Mental Capacity Advocate, and attach proof of appointment. Please tick the appropriate box below.

☐ Proof of Lasting Power of Attorney for Health and Welfare

☐ Proof of appointment as the Independent Mental Capacity Advocate

Representative's Declaration

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 representative: _____

Signed: _____ Date: _____



Part C: I am the authorised representative of the CHILD named in Section 1

Please tick the relevant box below (ONE box only)

- ☐ I am acting on the behalf of a child **under** 13 years old and I have parental responsibility for them
- ☐ I am acting on the behalf of a child aged 13 or over and I have parental responsibility for them. I can confirm they are not capable of understanding the request (not Gillick competent).
- ☐ I am acting on the behalf of a child aged 13 or over and I have parental responsibility for them. I can confirm they are capable of understanding the request (Gillick competent).

☐ I have attached proof of parental responsibility: birth certificate, marriage or civil partnership certificate, court order or parental responsibility agreement

Full name of requestor: _____

Relationship to Patient: _____ Current Address: _____

Signed: _____ Date : _____

Section 5: Supporting documents and identification

For us to release records we need to have proof of ID and assure ourselves of the legitimacy of the request. The Trust is not obliged to comply with a request unless we are supplied with such information as we may reasonably require to satisfy ourselves of the identity of the requestor

In order to confirm proof of identity*, you will need to send us:

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

* If you are making a request on behalf of another person, then you will need to provide proof of identity & address **for both yourself And the Data Subject.** If you are unable to fulfil these proof of identity requirements, then please contact the Health Records Team to discuss.

If we require further information or documentation to support a request, then we will contact you and your request will be put on hold.

Please tick the appropriate boxes to indicate which documents you have enclosed:



Proof of identity	Proof of address	Proof of Parental Responsibility
☐ Current passport ☐ Current photo card driving licence ☐ Current EU driving licence ☐ HM Forces ID card	☐ Utility bill (no more than 3 months old) ☐ Council tax bill for current year ☐ Current benefit book or card, or original notification from the Department of Work and Pensions confirming rights to benefits. ☐ Recent bank statement (no more than 3 months old)	☐ Birth certificate ☐ Marriage certificate ☐ Civil partnership certificate ☐ Court order ☐ Parental responsibility agreement

Section 6: Declaration: for requests for deceased patients records only

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

- ☐ I am the Executor of the will and attach a copy of the last will executed by the deceased person, certified by a solicitor, showing the applicant named as executor.
- ☐ I hold a Representative of the patient's estate and attach a Grant of Letters of Administration / a sealed Grant of Probate certified by a solicitor in respect of the deceased's estate.
- ☐ I have a claim arising from the death by the court to manage the patient's affairs and I attach a certified copy of the court appointing me to do so
- ☐ I have a claim arising from the patient's death and wish to access information relevant to my claim and attach documentary evidence to support this (solicitor's letter)

Full name of representative: _____

Signed: _____ Date: _____

Health Records Department (SAR's Office Request)
Chelsea and Westminster Hospital
369 Fulham Road
London SW10 9NH

Please note that applications relating to West Middlesex University Hospital and Chelsea and Westminster Hospital must be sent to the above address.