

**Address:** SARs Administrator, Royal Papworth House, Kingfisher House, Kingfisher Way, Hinchingsbrooke Business Park, Huntingdon, Cambridgeshire, PE29 6FH. **Email:** [Papworth.SARs@nhs.net](mailto:Papworth.SARs@nhs.net)

### Patient Representative Subject Access Request Form

(Made under the General Data Protection Regulations in force 25<sup>th</sup> May 2018 )

Data is being processed by SAR team on behalf of the Data Controller

#### Applicant Details

|  |  |                    |  |  |        |
|--|--|--------------------|--|--|--------|
| <b>TITLE</b>   |  | <b>FORENAME(S)</b> |  | <b>SURNAME</b>   |        |
| <b>ADDRESS</b>   |  |                    |  |  |        |
|  |  |                    |  | <b>POST CODE</b>   |        |
| <b>TELEPHONE NUMBER(S)</b><br>Landline:<br>Mobile:   |  |                    |  | <b>CAN WE LEAVE A MESSAGE?</b><br>(Please delete as appropriate) | YES/NO |
| <b>EMAIL ADDRESS:</b><br>(it is the responsibility of the requester to ensure this email is not shared as it will be used to send your information and password) |  |                    |  |  |        |
| <b>RELATIONSHIP TO THE PATIENT (where applicable)</b>  |  |                    |  |  |        |

#### Patient Details

|                                   |  |                    |                              |                  |  |
|-----------------------------------|--|--------------------|------------------------------|------------------|--|
| <b>TITLE</b>                      |  | <b>FORENAME(S)</b> |                              | <b>SURNAME</b>   |  |
| <b>ADDRESS</b>                    |  |                    |                              |                  |  |
|                                   |  |                    |                              | <b>POST CODE</b> |  |
| <b>DATE OF BIRTH</b>              |  |                    | <b>AGE (If under 13)</b>     |                  |  |
| <b>HOSPITAL NUMBER (if known)</b> |  |                    | <b>NHS NUMBER (if known)</b> |                  |  |

**Are you requesting access to the patient's (Please tick one only)**

**FULL** Health Records?       Or **PARTIAL** Health Records?

If partial please provide as much detail as possible below eg. dates (start-end) etc.

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Copies of X-Rays/Scans required?

**How would you like to receive the imaging? (Please select one only)**

**Email Please** (include email address and a mobile number for a password in your details)

**Disk through the post**

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**How would you like to receive the patient's records? (Please tick one only)**

**Secure Email** (Sent to your email with instructions). **Recommended method of transfer**

**Unsecured Email**

**I agree to collect the record in person (from Huntingdon or Cambridge)**

**Paper Recorded Delivery (via Royal Mail).** Please be aware that once your paper documents have left via this method the Trust are unable to guarantee its safety. If the documents are excessive you may also incur a charge.

Have you been asked by your solicitor/insurance company to provide copies of your records for the purpose of a claim?

Against the Trust  Against a third party  Neither  Do not wish to say

**TYPES OF CONSENT (Please tick as appropriate)**

I have been asked to act on behalf of the patient, who is 13 or over and their authorisation is recorded on the last page of this form

**or**

I am acting in loco parentis as the patient is under 13

**or**

I am acting on behalf of the patient who is over 13 because they are incapable of understanding the request and I enclose copies of my authority to do this

**Requesting information as a patient's representative – ID Required**

**1. Information for Non Competent Living Adults**

- The requester provides proof of their ID and also proof of their address

**AND**

- A power of attorney (must be registered with the Court of Protection and be for 'Health & Welfare matters')

**OR**

- A copy of the court appointed deputy document

**2. Request by a family member to access a child's records**

- The requester provides proof of their ID and also proof of their address

**AND**

- Birth certificate and/or proof of their relationship to the child

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## Children and their right to consent

Article 8 of the 2016 European [General Data Protection Regulation](#) (GDPR) requires *verified* parental consent for under 13yrs (13yrs, in the UK).

Accordingly, the Trust, as Data Controller (Caldicott Guardian), on receipt of a subject access request on behalf of a child will need to judge whether the child understands the nature of the request. If the child understands, he or she is entitled to exercise the right and the Data Controller should reply to the child. If the child does not understand the nature of the request, someone with

## Who has parental responsibility?

**Mothers** automatically have parental responsibility (unless specified otherwise by a Court) and will not lose it if divorced.

**Married fathers** automatically have parental responsibility and will not lose it if divorced.

**Unmarried fathers** do not automatically have parental responsibility.

## Who else can have Parental Responsibility?

Parental responsibility is not automatically granted to people who are not parents, even if in reality they care for and are responsible for the child on a day to day basis. There are several ways that a person who is not the child's parent may obtain parental responsibility for the child:

## Documentation must be given to prove 1 of the following

- By being appointed as a guardian to care for the child if those with parental responsibility for the child have died by obtaining a residence order from the court which requires that the child lives with that person
- By becoming the child's special guardian
- By adopting the child

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**Proof of identity checklist for individuals (Copies only please – we cannot be held responsible for original documents).**

You cannot use one form of identification for both name and address.

For example, if you provide your driving license as proof of your name you must provide another form of identification for your address, such as a utility bill.

**Proof of name**

**Proof of address**

Current signed passport

Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months

Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)

Local authority council tax bill for the current council tax year

EEA member state identity card (which can also be used as evidence of address if it carries this)

Current UK driving licence (but only if not used for the name evidence)

Current UK or EEA photo card driving licence

Bank, Building Society or Credit Union statement or passbook dated within the last three months

Full old-style driving licence

Original mortgage statement from a recognised lender issued for the last full year

Photographic registration cards for self-employed individuals in the construction industry -CIS4

Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address

Benefit book or original notification letter from Benefits Agency

Council or housing association rent card or tenancy agreement for the current year

Firearms or shotgun certificate

Benefit book or original notification letter from Benefits Agency (but not if used as proof of name)

Residence permit issued by the Home Office to EEA nationals on sight of own country passport

HMRC self-assessment letters or tax demand dated within the current financial year

National identity card bearing a photograph of the applicant

Electoral Register entry  
NHS Medical card or letter of confirmation from GP's practice of registration with the surgery

**Documents we will not accept include, but are not limited to**

- Provisional driving license
- Mobile phone bills
- Credit card statements

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**Before you send your application back, please ensure you have done the following:-**

1. Fully completed the request form
2. Clearly specified which information you require as this will be the only information you receive
3. Signed and dated the declaration
4. Patient has consented to release of information (signed and dated)
5. Enclosed copies of your ID documents
6. If you have declared that the patient is incapable of understanding the request and have authority to request on behalf of them, you must also enclose one of the following:-
  - Power of Attorney document (must be registered with the Court of Protection and be for 'Health & Welfare' matters. 'Property and Affairs' LPA's do not allow an automatic right to disclosure of Health Records).
  - Document stating court appointed deputy
7. Check and confirm that this email is not shared

**The GDPR provides the following rights for individuals:**

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision

**DECLARATION (Important - Please read):**

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the information above under the terms of the General Data Protection Regulations in force 25<sup>th</sup> May 2018.

Please note that the Trust as record holder have the legal right to verify the consent given below. Under the GDPR a request can be made free of charge. However, a "reasonable fee" will be charged for further copies of the same information and when a request is manifestly unfounded or excessive, particularly if it is repetitive. The fee will be based on the administrative cost of providing the information. Royal Papworth NHS Foundation Trust will not be held responsible if copies which are lost or damaged in the post, this includes international post.

I have enclosed **copies** of documentation requested.

Signed .....

Date .....



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**AUTHORISATION FROM PATIENT**

To be completed by the patient to confirm your authority to act on their behalf.

I certify that I am (Patient's name) .....

Address .....

And I hereby authorise the applicant to act on my behalf to access my health records.

Signed ..... Date .....