

Subject Access Request – Data Protection Act 2018

1. Identity of patient about whom information is requested (please print clearly & use dark ink)	
Title: Dr / Mrs / Miss / Ms / Mr / Master / Other	Full name: Previous name/s (if applicable):
Current address:	Previous address (with date of change):
Date of birth:	NHS number (if known): Hospital number (if known):
Contact phone number (including area code):	I give my permission for messages to be left on the contact phone number I have provided: <input type="checkbox"/> YES <input type="checkbox"/> NO
I am the patient (aged 16+): <input type="checkbox"/> YES – Go to section 3 <input type="checkbox"/> NO – Go to section 2	
2. If you are NOT the patient please tick below as appropriate and add your contact details:	
I am acting for the patient and I attach the patient's written authorisation/consent (signed letter)	<input type="checkbox"/>
The patient lacks the capacity to understand the request and I attach evidence that I am acting for the patient (Health and Welfare Power of Attorney, Independent Mental Capacity Advocate (IMCA) or Court Order)	<input type="checkbox"/>
I have parental responsibility for the patient who is under 13 years old or the patient is aged 13-16 years old and they are not capable of understanding the request. I attach proof of my parental responsibility (the child's full birth certificate or if the father is not named on the birth certificate, a copy of the marriage certificate or a Court Order) *	<input type="checkbox"/>
I have parental responsibility for a patient who is aged 13-16 years old and they have consented to my making of this request. I attach proof of my parental responsibility (the child's full birth certificate or if the father is not named on the birth certificate, a copy of the marriage certificate or a Court Order) * NB: the child must sign section 4	<input type="checkbox"/>
*PLEASE NOTE: Children aged 13 or older are usually considered to have the capacity to give or refuse consent to their parents requesting access to their health records, unless there is a reason to suggest otherwise.	
I am the deceased patient's Personal Representative (executor or administrator of the estate) and I attach confirmation of my appointment (copy of a Will, Letter of administration or Grant of Probate)	<input type="checkbox"/>
I have a claim arising from the patient's death and wish to access information relevant to my claim. Please provide an explanation or evidence of the nature of claim being considered.	<input type="checkbox"/>
Access to Health Records are only able to release deceased patient's medical records under the Access to Health Records Act 1990, if you are not an administrator/executor of the estate or have a claim arising from the patient's death, your request will need to be considered by the Trust's Data Protection Officer.	
If you would still like to request copies, please put your request in writing, detailing your reason for requesting the records to: Data Protection Officer, GDPR Enquiries, Information Governance, Box 153, Addenbrooke's Hospital, Hills Road, Cambridge, CB2 0QQ, alternatively email: cuh.gdpr@nhs.net	

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We will aim to process all valid applications within **one calendar month** of receipt of all the information required to process the request. The information will be provided free of charge. Please do not contact our office before one calendar month to chase for copy medical records. If in the unlikely event, your request will take longer than one calendar month we will be in touch with an estimated timeframe for receipt.

If a request is considered to be manifestly unfounded or excessive, particularly if it is repetitive then the request may be refused or a reasonable fee will be charged to cover the administrative cost of providing the information. If the request is refused an explanation will be given and you will have the right to appeal to the Information Commissioner's Office (ICO).

Where you would like the copies of information to be sent:

Health records and Radiology will be provided by email using a secure file transfer platform. You will receive an email from MFT@ams-mft.com

Please provide the email address (**one email address ONLY**) you wish the health records and/or Radiology to be sent to:

Enter email here:

.....

You will need to download the health records and/or radiology images within 30 days of receiving the email as for security reasons they will no longer be accessible after this time.

It is not possible to download large medical record files or radiology images to tablets, iPads and mobile devices. Large medical record files and radiology images can only be downloaded to a computer. The download speed will be dependent on your internet bandwidth/speed. If you do not have access to a computer, please contact us to discuss an alternative method of receipt, contact details below.

4. Declaration and Authorisation:

Signature of Applicant:	Print Name:
.....

Signature of child aged 13-16:	Print Name:
.....

Date:

Note: A typed name is not acceptable, a signature is required. We will accept a scanned digital signature. If this is not possible, please physically sign and either scan and email the form or post it to us.

Return form to:

Access to Health Records
 Box 82
 Addenbrooke's Hospital
 Hills Road
 Cambridge
 CB2 0QQ

Departmental telephone numbers:

01223 216755 (Mon-Thurs 08:00-16:30 & Fri 08:00-13:30)
 01223 216327 (Mon-Fri 08:30-16:30)
 01223 216298 (Mon, Wed & Fri 07:00-15:00)

Or e-mail a scanned copy to: add-tr.cuhaccessstohealthrecords@nhs.net

Proof of identity – Please do not send any original documents. You can send printed copies or electronic copies.

(A) If you are applying for your own health records you will need to supply copies of the following documentation:

1. 1 x copy of current photo ID (e.g. a passport or driving licence)
2. If you do not hold photo ID your full birth certificate/marriage certificate/adoption certificate or name change certificate and 1 x copy of a document showing your current address (e.g. utility Addenbrooke's Hospital | The Rosie Hospital

