# Appendix B: Request to Access Personal Records

***PRIVATE AND CONFIDENTIAL***

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| --- | --- |
| ***SAR1*** | **Subject Access Request****General Data Protection Regulation (EU) 2016/679 and Data Protection Act** |

The form should be filled out in block capitals or in type.

**Please note for health records requests**: The Leeds CCGs are commissioning organisations and not healthcare providers. Health records will be held by the healthcare providers who you would need to contact directly to request records (contact details are shown in section 6 of this application form for Leeds providers.

# Section 1: Details of person whose records are being requested

|  |  |
| --- | --- |
| **Surname:** |  |
| **Former Surname:** |  |
| **First names:** |  |
| **Title:** | **Mr/Mrs/Ms/Miss** |
| **Date of Birth:** |  |
| **NHS Number:** |  |
| **Current Address:** |  |
|  |
|  |
| **Former Address : (if applicable)** |  |
|  |

**Section 2: Applicant details (if making a request on behalf of the person above)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Relationship to person in section 1:** |  |

**Section 3: Further Information**

Please try and tell us what specific information you wish to see and provide as many details as possible so that we can identify your records as quickly as possible e.g. dates, department, location

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# Section 4: Consent

Please tick **one** of following boxes and sign below:

|  |  |
| --- | --- |
| I confirm I am the person mentioned in section 1 and I require access to my personal records. | ☐ |
| I confirm I am the person mentioned in section 1 and I authorise the release of copies of my personal records (described in section 3) to the person mentioned insection 2. | ☐ |
| I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in section 1. | ☐ |
| I confirm I am the person mentioned in section 2 and have been authorised to an act as an agent/power of attorney for the patient in section 1. | ☐ |

|  |  |
| --- | --- |
| Name: | PLEASE WRITE NAME IN CAPITALS |
| Signature: |  |
| Date: |  |

# Section 5: Evidence

Evidence of the patients and/or the patient’s representative identity will be required; this will require **two** items of documentation (one of which should contain a photograph), examples of which are given below:

|  |  |
| --- | --- |
| **Type of applicant** | **Type of documentation required** |
| An individual applying for their own records. | Two copies of identity required e.g. copy of birth certificate, passport, driving licence, medical card etc. Together, these must clearly show your name, current postal address, date of birth and signature |
| Someone applying on behalf of an individual. | One item of proof of the patient’s identity and one items of proof of the patient’s representative identity (examples above). |
| Person with parental responsibility applying on behalf of their child. | Copy of birth certificate, correspondence addressed to the person with parental responsibility relating to the patient. |
| Power of attorney/agent applying on behalf of an individual. | Copy of court order authorising power ofattorney/agent plus proof of the patient’s identity (examples above). |

# Please return the form to the:

Information Governance Team

NHS Leeds CCG

Suites B5 – B9, Wira House, West Park Ring Road, LEEDS, LS16 6EB Telephone: 0113 843 2120

Email: Leedsccg.dpo@nhs.net

Please note:

* A completed form will contain confidential information, therefore where sending by letter - to provide more security during the transit of a letter it is advisable that the form is sent in an envelope marked “PRIVATE AND CONFIDENTIAL”.
* If you are intending to send the form via email, the transit of the email (if sending from a home email address or company email) will be in most cases be not be secure and therefore the security of the information cannot be assured.

# Section 6: Contact details for Health Records (Health providers)

Please note: this application form is for the Leeds CCGs only. The NHS organisations below all have their own application process.

# Community healthcare services (Leeds Community Healthcare NHS Trust)

The records that Leeds Community Healthcare NHS Trust holds are community based records such as Health Visiting and District nursing records. They also hold records for specialist community clinics such as speech and language, audiology, Podiatry etc. which can be run from locations such as health centres. Their contact details are:

Information Governance Manager

Leeds Community Healthcare NHS Trust First Floor, Stockdale House

Headingley Office Park Victoria Road

LEEDS LS6 1PF

Website: <http://www.leedscommunityhealthcare.nhs.uk/how-do-i/>

# Acute/secondary/hospital care (Leeds Teaching Hospitals NHS Trust)

Records held by Acute Trusts (secondary care provider) include outpatient attendances; inpatient stays, day care, Accident and Emergency attendance all which usually take place at the hospital. Requests for these types of records should be made to the acute Trust itself. The Leeds Teaching Hospitals NHS Trust includes Leeds General Infirmary, St James’s University Hospital, Seacroft, Wharfdale and Chapel Allerton Hospital sites. The contact details are:

Access to Health Records 2nd Floor

Ashley Wing

St James’s University Hospital Beckett Street

LEEDS LS9 7TF

Website: [http://www.leedsth.nhs.uk/about-us/freedom-of-information/fair-processing-](http://www.leedsth.nhs.uk/about-us/freedom-of-information/fair-processing-notice/) [notice/](http://www.leedsth.nhs.uk/about-us/freedom-of-information/fair-processing-notice/)

# Primary care (GP records)

Records from visits to the GP or practice nurse will be held by the practice itself. Requests for these types of records should be made direct to the practice.

[NHS Choices website](http://www.nhs.uk/service-search)

# Mental Health (Leeds and York Partnership NHS Foundation Trust)

The mental health trust provides specialist mental health and learning disability services, their contact details are:

Leeds and York Partnership NHS Partnership NHS Trust 2150 Century Way

Thorpe Park LEEDS LS15 8ZB

Website: <http://www.leedspft.nhs.uk/contacts>