

SAR1

AUTHORITY FOR RELEASE OF PERSONAL RECORDS

(Subject Access Request under the Data Protection Act 1998)

Please note Data Protection allows a charge of between £10.00 and £50.00 depending on the type, size and complexity of the record (No VAT)

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

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

Surname:

Former Surname:

First names:

Title: **Mr/Mrs/Ms/Miss**

Date of Birth:

NHS Number:

Current Address:

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Former Address :

(if applicable)

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

Name:

Address:

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Relationship to person in section 1:

Section 3: Further Information

It will be helpful if you can describe the specific information you wish to see and provide as many details as possible so that we can identify your records quickly. If patient records are being requested, please provide details such as dates, treatments, clinics, hospitals, etc. If staff records are being requested, please indicate if current or previous member of staff and give payroll number if known.

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Section 4: Provision of information

Please note our usual method of providing access to records is to post copies to your stated address. If you wish to assess records by any other means please tick the relevant box below. We will then contact you in order to try and facilitate this.

Viewing the records at a Trust location

Collecting records from a Trust location

Other (Please specify):

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Section 5: 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 in section 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.	

I understand that under the Data Protection Act (1998) [Miscellaneous Provisions] Regulations 2001, there may be a charge for providing copies of the personal records described above. You will be informed of any charges prior to release of any information.

Print Name:

Signature:

Date:

Section 6: Evidence

Evidence of the patients and/or the patient's representative identity will be required; this will require **two** items of documentation, 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.
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 of attorney/agent plus proof of the patient's identity (examples above).

Please return the form to the:

Information Governance Manager
Leeds Community Healthcare NHS Trust
Headingley Office Park
Leeds
LS6 1PF

