

SAR1

Subject Access Request Form

**General Data Protection Regulation (EU) 2016/679
and Data Protection Act 2018**

Section 1: Details of the Individual

Title:

First names:

Surname:

Former Surname (if applicable):

Date of Birth:

NHS Number (if known):

Current Address:
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.....

Section 2: Applicant Details (if making a request on behalf of the individual)

Name:

Address:
.....
.....

Date of Birth:

Relationship to individual 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 service(s) attended, dates, treatments, hospitals, etc.

If staff records are being requested, please indicate if current or previous member of staff and provide payroll number if known.

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Section 4: Provision of Information

Please tick **one** of the following boxes to confirm the format you wish to receive the information by specifying below.

If a preference is not chosen the most appropriate format will be selected by the Trust.

| Details | Paper | Electronic |
|---|-------|------------|
| Photocopy or Printout Paper: Sent via Royal mail recorded/special delivery Electronic: Sent via email (Provide email address below) | | |
| Photocopy or Printout collection at a Trust base | | |

Email Address (If applicable):

Section 5: Consent

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

| | |
|---|--|
| a) I confirm I am the person mentioned in section 1 and I require access to my personal records. | |
| b) 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. <u>Identification for the individual must also be provided.</u> | |
| c) I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in section 1. <u>The applicant must provide evidence to support having parental responsibility.</u> | |
| d) 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 person in section 1. <u>The applicant must provide evidence to support this.</u> | |
| e) The patient's personal representative (this will be the executor of the will, or the administrator of the estate). <u>The applicant must provide evidence to support this.</u> | |
| f) An applicant who may have a claim arising out of the patient's death. <u>The applicant must specify what claim is being made and only information that is relevant to the claim is considered for release.</u> | |

Please note that your request will not be processed unless two forms of identification are received and verified. Approved forms of identification are available on our website.

Print Name:

Signature:

Date:

Please return the form to:

Information Governance Team
 Leeds Community Healthcare NHS Trust
 Stockdale House
 Victoria Road
 Leeds
 LS6 1PF

Or email : foi.lch@nhs.net

For further information about how we process your data, please view our Privacy Notice here:
<https://www.leedscommunityhealthcare.nhs.uk/about-us/access-to-information/how-we-use-information-about-you/>