

Subject access request application under the General Data Protection Regulation (GDPR)

Please read these notes before you proceed with your application

General Data Protection Regulation (GDPR)

- Allows an individual to access their own health records. This right can also be exercised by an authorised representative on another individual's behalf, eg solicitor
- Subject access can either be by personal inspection of health records or alternatively a photocopy can be supplied
- Satisfactory proof of identity and/or consent of the patient/applicant is required
- Necessary information to retrieve the health record is required, ie details of treatment and by which service
NB: We have no obligation to comply with a subject access request unless we have been provided with relevant information to locate records
- Medway Community Healthcare aims to process requests within 21 days but no more than one calendar month from the date of a valid request
- All copies of health records will be sent by a secure recorded delivery service, or as a password protected email
- There may be situations where full access to your health information may be limited or denied

Please return this completed form and two copies of identification to:

Information governance
Medway Community Healthcare CIC
MCH House. 21 Bailey Drive
Gillingham Business Park
Gillingham, Kent. ME8 0PZ

Email: MEDCH.dataprotection@nhs.net
Phone: 01634 334640

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1. Personal details (records to be accessed)

Surname NHS number.....

Forename(s)

Date of Birth(NB: persons aged 13+ with capacity must consent & sign section 5)

Address

.....

Postcode Tel No Email

If the name and/or address was different from the above during the period(s) to which this application relates, please give details below:

Previous forename/surname

Previous address

.....

2. Details of applicant (if you are not the patient shown above)

Surname Forename

Address

.....

Postcode Tel No Email

Relationship to patient

NB: Consent may be sought from the individual detailed in section 1

NB: Parents requesting records on behalf of a child must provide proof of parental responsibility

3. Information required

Please tick

- | | |
|---|--------------------------|
| <ul style="list-style-type: none">I wish to view the health records with an appropriate member of staff | <input type="checkbox"/> |
| <ul style="list-style-type: none">I require photocopies of the requested health records | <input type="checkbox"/> |
| <ul style="list-style-type: none">Is this request in relation to a claim against Medway Community Healthcare? If yes, please provide details below: | <input type="checkbox"/> |

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Please provide a brief summary of information you require – name of service who provided the treatment, date(s) treated
 eg physiotherapy records from November 2013 – January 2014, treated at MCH House

4. Identification

You must provide 1 Primary and 1 Secondary form of identification for patient and also for the applicant if different from patient:

Forms of Primary identification	Tick	Forms of Secondary identification (received within last 3 months)	Tick
Current passport		Council tax bill	
Driving licence		Utility bill	
Birth certificate		Other bill or statement addressed to you	
If patient lacks capacity			
Enduring/Lasting Power of Attorney for Health and Welfare			
Evidence of appointment as Independent Mental Capacity Advocate			
Children			
Birth certificate		Child benefit letter	
Adoption certificate			
If you are unable to provide ID or have any questions about completing this form, please phone 01634 334640			

5. Declaration

I understand it is an offence to attempt to obtain information relating to another person without lawful grounds to do so. I declare that the information given on this form is correct to the best of my knowledge and I am entitled to apply for access to these health records under the General Data Protection Regulation (GDPR).

Patient's Signature:Date:.....

Applicant's Signature:Date:.....

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