

APPENDIX A - APPLICATION FOR ACCESS TO PERSONAL INFORMATION

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

(PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK)

Section 1: Particulars of Person whose information is requested

Surname:	
Forename:	
Address:	
Date of Birth	
Sex	
NHS Number	
Telephone Contact	
Email Address	

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

Previous Surname	
Previous Address	
Dates from/to	

Section 2: Description of the Information you require (note 2)

Please provide as much information as possible. Give full details of all the periods you are interested in. Please add any additional comments below.

Types of Information Required	Dates
Any additional information	

Section 3: Type of Records Requested (Note 3)

Please specify your preference by placing a tick (✓) in the appropriate section(s) – please discuss with staff if you are unsure.

Details	
View original record Only	
Photocopy or Print out Only	
View original records and receive photocopy	

Section 4: Declaration (Note 4)

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the personal information referred to above under the terms of GDPR (Data Protection Act)

Applicants Name (Please Print)	
Address to which reply should be sent (if different from above) including postcode	
Signature of Applicant	
Date	

(If you are not the person named in Section 1, please tick (✓) one of the following boxes)

- I am the parent/guardian of an individual under 16 years old who has completed the Authorisation section (Section 5)
- I am the parent /guardian of an individual under 16 years old who is unable to understand the request / has consented to my making this request
- I am the deceased patient's personal representative and attach confirmation of my appointment by a court to manage the patient's affairs



- I am the legal representative of the individual, and they have given signed authorisation (Section 5)
- Other (please specify)

(Note: The Access to Health Records Act 1990 still applies in the case of access to the records of deceased patients.)

Section 5: Authorisation (Note 5)

I hereby authorise Dorset HealthCare NHS Foundation Trust to release any Personal Data they may hold relating to me to. (enter the name of the person acting on your behalf), to whom I have given consent to act on my behalf.

Signature of Applicant..... Date.....

Please return this application form to:

Subject Access Team

Dorset HealthCare Foundation Trust
Sentinel House
4-6 Nuffield Road
Poole
Dorset
BH17 0RB

or by email to dhc.sar.enquiries@nhs.net