

SUBJECT ACCESS REQUEST FORM

Subject to certain exceptions, you have a right to have access to and / or correct any personal information that St Andrew's holds about you (your 'personal data').

If you wish to make a Subject Access Request, please complete this form carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to us

The purpose of this form is to ensure that all necessary information to complete your Subject Access Request is provided to St Andrew's. You are not obliged to use this form, but if you do not, please ensure that all necessary information on this form is provided to the Health Records Team

You will not usually need to pay a fee to access your personal data. However, if your request is unfounded or excessive, we may charge a reasonable fee for complying with your request, or we may refuse to comply.

SECTION 1 - PERSONAL DETAILS

DETAILS OF PATIENT OR SERVICE USER (KNOWN AS 'DATA SUBJECT')

Full Name	
Address	
Telephone Number	
Email	
NHS Number (If known)	
St Andrew's Hospital Number (if known)	
Date Form Completed	

SECTION 2 - DETAILS OF THE PERSON REQUESTING THE INFORMATION (IF DIFFERENT TO SECTION 1)

Full Name	
Address	
Telephone Number	
Email	
Relationship With Applicant/patient	
Date Form Completed	

SECTION 3 - PLEASE PROVIDE AS MUCH DETAIL AS YOU CAN ABOUT THE PERSONAL DATA YOU ARE REQUESTING TO HELP US LOCATE IT QUICKLY

SECTION 4 – ADDITIONAL INFORMATION

Please include any additional information relevant to this request or not already covered by this form.

It would be helpful for us to know the reasons for your request, as this information will help us to improve our service (this is voluntary so you don't have to provide any reason and it will have no bearing on the processing of your subject access request).

SECTION 5 – AUTHORITY TO RELEASE INFORMATION

A representative needs to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject's signature below, or provide a separate note of authority. This must be an original signature.

If the data subject lacks capacity to give authority in this way, the representative should provide evidence of the authority that it has, such as proof of legal guardianship for children under 12 or a power of attorney.

I hereby give my authority for the representative named in Section 2 of this form to make a Subject Access Request on my behalf

Signature of Data Subject

Date

SECTION 6 – DECLARATION

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that St Andrew's may need to obtain further information from me/my representative in order to comply with this request.

Signature of Data Subject

Date

SECTION 7 – WHAT HAPPENS NEXT

Please return the completed form to:

Service User related	Staff Member related
Health Records Office	Human Resources
St Andrew's Healthcare	St Andrew's Healthcare
Billing Road	Billing Road
Northampton	Northampton
NN1 5DG	NN1 5DG
Email: healthrecordsoffice@stah.org	Email: HRServices@stah.org
Telephone: 01604 616235	Telephone: 01604 616444

A member of the Team will review your request and issue a confirmation of receipt letter/email. The confirmation of receipt will include details of;

- Any proof of identification required
- Detail of any additional information/documentation required.