

**Request form for Medical Records - Subject Access Request**

Personal information is confidential and we will only disclose personal information to the person to whom it relates, or to a person authorised to act on his/her behalf.

Under the General Data Protection Regulation (UK GDPR) and Data Protection Act 2018, there is no obligation for the Trust to comply with any requests for medical records unless we have enough information to identify the applicant and locate the information.

If you are unable to send us copies of your ID documents, the form will need to be witnessed by your GP or your healthcare professional.

**Do not send original copies of your documents ONLY photocopies****WARNING**

Making false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence, which could lead to prosecution.

Are you the patient/service user?                      YES - complete sections 1, 3, 4, 5, 6

NO - complete sections 1, 2, 4, 5, 6

**Section 1 - Patient/service user details.**

Title:    MR    MRS    MISS    MS    If other please state here –	
Full name:	
Date of Birth:	Male / Female ( <i>circle as appropriate</i> )
Address:	
Post code:	
Contact telephone number:	
Contact email address:	
<b>SIGNED DECLARATION:</b> I am the patient/service user and I declare that the information given in this form is correct. I understand that it may be necessary for Oxleas NHS Foundation Trust to ask for further information in order to process this request.	
<b>SIGNATURE:</b> _____	<b>DATE:</b> _____

## SAR

**Section 2** - If you are NOT the patient/service user but you are **representing** them please give your details here: **You may be required to send us copies of your ID documents to verify who you are by law.**

Name:	
Address:	
Post code:	
Contact telephone number: Contact email address:	
What is your relationship to the patient/service user? <i>(tick as appropriate):</i>	
<input type="checkbox"/> Partner	
<input type="checkbox"/> Parent/legal guardian	
<input type="checkbox"/> Relative	
<input type="checkbox"/> Carer/ HealthCare Professional	
<input type="checkbox"/> Friend	
<input type="checkbox"/> Legal representative i.e. solicitor, advocate	
<b>If you are the parent/legal guardian, do you currently have parental responsibility for the patient?</b>	Circle one
	<b>YES/NO</b>

**Please tick ONE of the following explanations:**

<input type="checkbox"/> <b>A.</b> I have been asked by the patient/service user to act on his/her behalf and attach a signed and dated letter of authorisation from the patient confirming this.
<input type="checkbox"/> <b>B.</b> The patient/service user is under the age of 16 and is not capable of understanding the request and I have parental responsibility for them.
<input type="checkbox"/> <b>C.</b> I have parental responsibility for the data subject who is under the age of 16 and has consented to my making this request and has signed at <b>section 2.2</b> overleaf.
<input type="checkbox"/> <b>D.</b> I have been appointed by the court to manage the patient/service user's affairs, and I attach a certified copy of the court order appointing me.

## SAR

- |   |
|---|
| <p><input type="checkbox"/> <b>E.</b> The patient/service user is now deceased and I am their personal representative/ executor/administrator and I wish to have access to their medical records. I attach a certified copy of the grant of probate, letters of administration or a letter of confirmation signed by a solicitor.</p> |
| <p><input type="checkbox"/> <b>F.</b> I have a claim arising from the patient/service user's death and wish to have access to records relevant to my claim. I understand that I am only entitled to receiving information relating to my claim and I enclose contact details of my solicitor in order to confirm this.</p>            |

### Section 2.1

**SIGNED DECLARATION (representative to sign):**

I am the patient/service user's representative and I declare that the information given in this form is correct. I understand that it may be necessary for Oxleas NHS Foundation Trust to ask for further information in order to process this request. **You may be required to send us copies of your ID documents to verify who you are by law.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If you have ticked either **A** or **C** above and have **not** enclosed a letter of consent from the patient/service user authorising you to act on their behalf, **they must sign below at Section 2.2:**

### Section 2.2

**SIGNED DECLARATION (patient/service user to sign):**

I am the patient/service user and I authorise Oxleas NHS Foundation Trust to disclose my information to the person named in Section 2 above. **You may be required to send us copies of your ID documents to verify who you are by law**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# SAR

## Section 3 – Witness Declaration

**(Legal representatives are not required to complete this section)**

For security reasons, if you have **not** provided us with copies of photo identification and a document confirming your address (such as a utility bill), we require confirmation from a witness that you are indeed the applicant.

**This witness declaration will need to be signed by your GP or Healthcare Professional.**

<b>WITNESS DECLARATION:</b> I confirm that the signature of the applicant as named in Section 1 is genuine and that I have known the applicant for _____ months/years in the capacity of:  please tick as appropriate: <input type="checkbox"/> GP <input type="checkbox"/> Healthcare Professional
Full Name:
Address:  Post code:
Contact telephone number:
<b>SIGNATURE:</b> _____ <b>DATE:</b> _____

# SAR

## Section 4 – What information do you require?

Please tick the relevant box(es) below for the information you require and where possible give dates and the names of any professionals involved in your care and treatment i.e. doctors, nurses, social workers, therapists, healthcare assistants etc.

**NOTE:** If your request involves numerous volumes of records you may be asked to reduce the amount of information you require to ensure that the request is not considered disproportionate and unreasonable.

RECORD	DATE(S)	NAMES OF PROFESSIONALS
<input type="checkbox"/> Is there a specific document you require? i.e. a report, an assessment, please describe, giving as much detail as possible		
<input type="checkbox"/> In-patient records What hospital were you admitted to?  What ward(s) were you in?		
<input type="checkbox"/> Out-patient records What out-patient clinic(s) did you attend?		
<input type="checkbox"/> Community Records What community services have you been in contact with?		

## SAR

### Section 5 – How do you want to receive your information?

You may receive a paper or electronic 'copy' of the records or view them – please read the information below before circling your choice:

**COPY**                      OR                      **VIEW**

#### **To receive a COPY of the records**

Your records will be collated, photocopied, securely packaged and sent to you via Royal Mail Special Delivery service. (Please note that under the GDPR fees may be charged for manifestly unfounded or excessive requests)

Alternatively, we can also send records electronically via an encrypted email. Please tick here if this is your preference:

#### **To VIEW records**

An appointment will be arranged for you to view the records with an appropriate healthcare professional.

**SAR**

**Section 6 – Further information**

<b>Please provide the following information if applicable. Your answers will not affect your request in any way.</b>			
<b>1</b>	<b>Is this application related to a complaint being made against an employee of the Trust?</b>	<b>YES</b>	<b>NO</b>
<b>2</b>	<b>Is this application in relation to any legal proceeding contemplated against the Trust?</b>	<b>YES</b>	<b>NO</b>
<b>3</b>	<b>If the answer to question 2 is 'yes' has the legal action already started?</b>	<b>YES</b>	<b>NO</b>

**Return this completed form directly to us via email at:**

[oxl-tr.IGTeam@nhs.net](mailto:oxl-tr.IGTeam@nhs.net)

**Or alternatively via post to:**

**The Information Governance Office**  
OXLEAS NHS FOUNDATION TRUST  
Bracken House  
Bracton Centre  
Off Leyton Cross Road  
Dartford  
Kent  
DA2 7AF

**Please note that medical records are NOT kept at this address.**

Should you require assistance completing this form or have any queries, please contact the Information Governance Office on **01322 299858** or the telephone number on the letter enclosed with this form.

We will write to you once we have received this form to let you know how long your request will take to complete and whether there is a charge for the information you want.