

**Patient Representative Subject Access Request Form**

**(Please see information sheet for guidance on how to complete this form)**

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| **SECTION 1** | | | | | | | | | | | | | | | | |
| **APPLICANT DETAILS** | | | | | | | | | | | | | | | | |
| **Title** |  | | | **Forename** |  | | | | | **Surname** | | | |  | | |
| **Address** | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **Postcode** |  |
| **Mobile** | | | |  | | **Landline** | |  | | | | **Can We Leave A Message?** | | | | YES / NO |
| **Email Address** | | | |  | | | | | | | | | | | | |
| **Date of Birth** | | | |  | | | **Relationship to the Patient** | | | | | |  | | | |
| **PATIENT DETAILS** | | | | | | | | | | | | | | | | |
| **Title** |  | | | **Forename** |  | | | | | **Surname** | | | |  | | |
| **Address** | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **Postcode** |  |
| **Date of Birth** | | |  | | | | | | **Age**  **(If under 13)** | |  | | | | | |
| **Hospital Number (If known)** | | |  | | | | | | **NHS Number**  **(If known)** | |  | | | | | |

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| **SECTION 2** |
| **What do you require?**  **FULL Health Records** **PARTIAL** **Health Records**  **If partial records are required, please provide details below**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Do you also require? (Please note if you have ticked ‘Full Health Records’ this does not automatically include the below) Please tick below if required.**  **Radiology Images Pathology Reports**  **Radiology Reports Fertility\***  **\*Please see information sheet for guidance** |

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| **SECTION 3** |
| **The format that you will receive your health records will depend on the size of the file. We will aim to send these electronically, but if the files are too large then you will receive these on an encrypted disc by post.**  **If you do not have the facilities to read a disc then please tick here, paper copies of your health records will then be sent to you via TNT courier service.**  **The format that you will receive your radiology images will be by an electronic link and will be accessible via a Windows pc/tablet only. We will need an email address and mobile number to send the link and password separately. Unfortunately; this link cannot be opened from a mobile phone or Mac products.**  **If you do not have the facilities to access your radiology images by an electronic link then please tick your preference below:**  **Disc  Paper (images are not of a diagnostic quality)**  **Do you require an appointment to view your records? YES / NO**  **If yes, please provide your availability below (please see information sheet for our opening times)** |

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| **SECTION 4** |
| **For every request we require 2 copies of I.D. of the requester (not the patient), one for proof of name and another for proof of address.**  **Please only provide copies, we cannot be held responsible for original documents.**  **You cannot use one form of identification for both name and address.**  **For example, if you provide your driving licence as proof of your name you must provide another form of identification for your address, such as a utility bill.**  **Please tick and provide one copy from each side:**   |  |  |  |  | | --- | --- | --- | --- | | **Proof of Name** | | **Proof of Address** | | | **Current Signed Passport** |  | **Current UK Driving Licence (Only if not used for ‘Proof of Name’)** |  | | **Current UK Driving Licence (Only if not used for ‘Proof of Address’)** |  | **Full Old Style Driving Licence (Only if not used for ‘Proof of Name’)** |  | | **Full Old Style Driving Licence (Only if not used for ‘Proof of Address’)** |  | **Bank, Building Society statement dated within the last three months** |  | | **Birth Certificate (UK Birth Certificate issued within 12 months of date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)** |  | **Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address** |  | | **Photographic registration cards for self-employed individuals in the construction industry -CIS4** |  | **Council or housing association rent card or tenancy agreement for the current year** |  | | **Pension letter issued within the last 3 months (Only if not used for ‘Proof of Address’)** |  | **Mortgage statement issued for the last full year** |  | | **Firearms or Shotgun Certificate** |  | **Pension letter issued within the last 3 months (but not if used as proof of name)** |  | | **National identity card bearing a photograph of the applicant** |  | **HMRC self-assessment letters or tax demand dated within the current financial year** |  | | **UK Citizenship ID Card** |  | **Electoral Register entry** |  | |  |  | **NHS Medical card or letter of confirmation from GP’s practice of registration with the surgery** |  | |  |  | **Local authority council tax bill for the current council tax year** |  | |  |  | **Recent Utility Bill (Dated within the last 3 months)** |  |   **Documents we will not accept include:**   * **Provisional Driving Licence** * **Mobile Phone Bills** * **Credit Card Statements**   **If you require further guidance on providing copies of your I.D. then please contact us.** |

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| **SECTION 5** |
| **Which type of consent is applicable?**  **Please tick and provide one of the following:**  **I am acting in loco parentis as the patient is under 13 and I enclose a copy of their birth certificate (showing parentage)**  **I am acting on behalf of the patient who is over 13 because they are incapable of understanding the request and I enclose copies of my authority to do this**  **I have been asked to act on behalf of the patient, who is 13 or over and their authorisation is recorded below (If you have ticked this box then please complete below)**  **I certify that I am (Patient’s name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **And I hereby authorise the applicant to act on my behalf to access my health records.**  **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **(We can only accept electronic signatures: if you do not have an electronic signature, please print off the form and sign)** |

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| **SECTION 6** |
| **DECLARATION (Important - Please read):**  **I declare that I am the patient representative and the information given by me is correct to the best of my knowledge. Under the Data Protection Act 2018 a request can be made free of charge. However, a “reasonable fee” will be charged for further copies of the same information and when a request is manifestly unfounded or excessive, particularly if it is repetitive. The fee will be based on the administrative cost of providing the information. The James Paget University Hospital will not be held responsible for copies which are lost or damaged in the post, this includes international post.**  **I have enclosed copies of documentation**  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(We can only accept electronic signatures: if you do not have an electronic signature, please print this form off and sign)** |

**Should you require any further assistance please see our contact details below.**

**Email-** [**accesshealthrecords@jpaget.nhs.uk**](mailto:accesshealthrecords@jpaget.nhs.uk)

**Telephone- 01493 452153**

**Address- Access Team, Health Records Department, JPUH, Lowestoft Road, Gorleston, Great Yarmouth, Norfolk. NR31 6LA**