



Generic email: TEAWVNT.AccessRequests@nhs.net

Request for access to personal information

This form is to request formal access to view or to request copies of health records held by Tees, Esk and Wear Valleys NHS Foundation Trust. Please note, we can only supply health records held by this Trust and if you require access to GP records or other NHS bodies, you must contact them directly.

1) Details of the person whose information is being requested

Patient's surname:	
Forename(s):	
Address:	
Telephone number:	Email address:
Date of birth:	
NHS number (if known):	Hospital unit number (if know):

2) Details of the person making the application

<input type="checkbox"/> I am the patient (part 1)
<input type="checkbox"/> I am requesting access on behalf of the person named above and attach their written authorisation (part 2)
<input type="checkbox"/> I have legal authority to act on the patient's behalf (part 2)
<input type="checkbox"/> I am requesting access on behalf of a child (under the age of 13) and have parental responsibility.
<i>*If you are not the person named in Part 1, please provide your details below:</i>

Surname:
Forename(s):
Address:
Telephone number:
Date of birth:
Relationship to the person named in Part 1:
<u>To be signed by person making the application</u>
Signed: _____ Date: _____

3) Please indicate what information you require

The General Data Protection Regulation (GDPR) Article 12(3) states; the controller shall provide the information to the data subject without undue delay and within **one month** of receipt of a valid request. That period may be extended by **two further months** where necessary, taking into account the complexity of the request. The controller shall inform the data subject of any such extension within one month of receipt of the request, together with the reasons for the delay.

To help us process your request as quickly as possible, it would be most helpful if you could specify what information you require.

Records from: ___/___/___ **to** ___/___/___

Hospital or clinic contacts:

Hospital/clinic attended	Dates (if possible)	Ward, community health team, etc.	Consultant / health professional

Please provide any additional information if necessary.

4) Proof of identification

Proof of identity is required as set out below. Please tick the appropriate boxes.

If you are the person named in Part, 1, requesting access to your personal information:

- Please provide a copy of either a driving licence (photo-card) or passport (copy of photo page)
- Please also provide a copy of a recent utility bill (dated within the last 3 months) or any other official document that confirms your current home address.

If you are the person named in Part 2, requesting on somebody else's behalf, please provide:

- Signed and dated consent from the person who records you are requesting access too.
- A copy of a driving licence (photo-card) or passport (copy of photo page) of the person who records you are requesting access to.

Please also provide evidence of your identification:

- A copy of a driving licence (photo-card) or passport (copy of photo page) of the person who records you are requesting access to.
- A copy of a recent utility bill (dated within the last 3 months) or any other official document that confirms your current home address.

If the person who's records you are requesting to access does not have the capacity to consent, please confirm that:

- You are their legal representative and provide a copy of a lasting power or attorney for either health and welfare or a deputyship order from the Court of Protection.

Children's records:

- If you are a person with parental responsibility applying on behalf of a child (under the age of 12), please provide a copy of a birth certificate and a copy of a document (i.e. child benefit letter) that is addressed to you and relates to the child.

Please also provide proof of your identification:

- Please provide a copy of either a driving licence (photo-card) or passport (copy of photo page)
- Please also provide a copy of a recent utility bill (dated within the last 3 months) or any other official document that confirms your current home address.
- If your current address is different from the child's, please provide a copy of a recent utility bill (dated within the last 3 months), or any other official document that confirms your current home address.

N.B. Children aged 12 and above are deemed to have capacity to access their own records and must provide written consent if authorising a parent(s) to access their information on their behalf. (Confirmation of capacity will be sought from the most recent clinician / clinical team).

NB: Please send photocopies of identification not originals. Tees, Esk, and Wear Valleys NHS Foundation Trust cannot be held accountable for documents lost in transit.

5) Please indicate how you wish to access your records and delivery options

- Viewing with your care coordinator or another health care professional (copies cannot be disclosed during after viewing and a formal request must be made)
- A disclosure in paper format

Delivery options:

- Egress encrypted email (this is free of charge and guidance attached)
- Collect in person (proof of ID will be required)
- Current Inpatient (delivery to the ward c/o ward manager)
- Delivery to home address via 'Royal Mail Signed for'

WARNING

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

7) Please return this form to the Trust's data protection teams for the areas below:

Area	Contact and address	Telephone number
Trustwide	Julie Corner Information rights supervisor	0191 333 6330
	Data protection assistants: Joanne Chapman Carol Jones Sophie Woodward Emma Hogarth Luke Tempest Central resources Tarn Croft Lanchester Road Hospital Lanchester Road Durham DH1 5RD	0191 333 6335 0191 333 3022 0191 333 6279 0191 333 3032

Frequently asked questions

Q) Where can I get help to complete the form?

- A)** You can contact the Trust's complaints department
Freephone: 0800 052 0219 or **Email:** tewv.complaints@nhs.net alternatively your care coordinator, health / social care professional or legal advisor should also be available to help you.

Q) Will the entire contents of the health record be released to me?

A) All health records you request will be released to you; however, there may be circumstances where information is withheld. All health records to be disclosed are first reviewed by the clinical teams who have had input into your care. If necessary, a clinical judgement is made to withhold information where it is considered that disclosing the information could cause serious harm to you or another person. Information provided / relating to another person (other than a health professional or information provided by you) is referred to as third party information and not disclosable under the Data Protection. The data protection team remove this by redacting / blacking out the information.

Q) Will I be charged for access to the records?

A) The general data protection regulation (GDPR) confirms request for access to personal information shall be free of charge. Where requests are manifestly unfounded or excessive (i.e. repetitive) the Trust may charge a reasonable fee taking into account administration costs.

Q) What if I am not satisfied with the Trust's response?

A) In the first instance, you should contact the Trust's complaints department at tewv.complaints@nhs.net or write to:

Andrea Shotton
Head of information governance and data protection officer
Tees, Esk and Wear Valleys NHS Foundation Trust
Lanchester Road Hospital
Durham
DH1 5RD
tewv.dpo@nhs.net

If you remain dissatisfied with the Trust's response, you can contact the Office of the Information Commissioner, the body with responsibility for enforcing the Data Protection Act 2018. The address is:

Information Commissioner's Office
Wycliffe House
Water Lane Wilmslow
Cheshire
SK9 5AF

Website at www.ico.gov.uk