

Application for Subject Access to Clinical Records

Please ensure you read the Guidance Note below before completing this form.
Please fill in this application form using BLOCK CAPITALS and black ink.

Section 1: Personal details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

Last name:		First name:			
Address:		Date of Birth:		Sex:	
		Home phone number:			
		Other phone number:			
Postcode:		CHI (community health index) or hospital reference number (if known):			

If the person this access request is about has changed their name or lived at a different address during the periods of treatment you are interested in seeing information about, please provide these details.

Previous last name:		
Previous address:		
Dates from and to:		

Section 3: Any other information

Give details in the box below of any further information you think may be helpful to us.

Please put an X in the appropriate box to show the format you would like the information: (discuss this with staff if you are not sure).

View original records only	<input type="checkbox"/>	Provide a copy	<input type="checkbox"/>
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Please note your records may hold many paper copies of laboratory results which contain figures and letters which may be understood only by a clinical person. If you wish us to provide copies of results please put an X in the box below. (Please note you will routinely be provided with copies of x-ray /scan reports as these are typed reports)

I wish to receive copies of laboratory results

If a copy of any part of the record is required following a viewing, these will be sent to you within five working days of the viewing.

Section 4: Declaration

You must sign this section and provide photographic identification. Any of the following is acceptable

- Passport
- Driving Licence
- Bus Pass
- Student Card

Releasing Information

Keeping personal information confidential and secure is extremely important to us. Please note we will send copies of information by recorded delivery post unless otherwise advised.

If you choose to collect the information in person we will require to see two forms of identification from you, including one which has your photograph on (for example, your passport, driving licence, or bus pass

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection legislation.

Signature: _____ Date: _____

I am the person named in Section 1. (Go to Section 6).

If you are not the person named in Section 1 please tick the appropriate box below:

<input type="checkbox"/>	I have been asked to act on behalf of the person named in Section 1, and that person has completed Section 6. (Please go to Sections 5)
<input type="checkbox"/>	I am the parent or guardian of the person named in Section 1, who is under 13 years old and has completed Section 6.* (Please go to Sections 5)
<input type="checkbox"/>	I am the parent or guardian of the person named in Section 1, who is under 13 years old and is not able to understand the request. (Please go to Sections 5)
<input type="checkbox"/>	I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this. (Please go to Sections 5)

Please note: We will presume children can understand the nature of the application if they are aged 13 and over, however, we will consider all cases individually.

Section 5: Details of the person acting on behalf of the person applying

You must fill in this section if you are not the person named in Section 1.

Name: (Please print)	
Address :	
Contact Phone Number:	
Contact Email Address:	

Section 6: Permission

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 5 permission to act on your behalf.

I give NHS Forth Valley permission to: _____
(enter the name of the person acting on your behalf) any personal information about me.
I have given them permission to act on my behalf.

Signature: _____ Date: _____