

Reference No:

Application for Subject Access to Non Health Records



Please ensure you read the Guidance Note on pages 3 and 4 before completing this form.
Please fill in this application form using BLOCK CAPITALS and black ink.

Section 1: Personal Details

Last name:		First name:	
Address:		Date of Birth:	
		Payroll Number: (if applicable)	
		Home phone number:	
Postcode:		Mobile phone number:	
Previous Last name:		Previous address:	
Email Address:			

Please detail the information you are requesting in the box below

Please put an X in the appropriate box to show the format you would like the information:

View original records only <input type="checkbox"/>	Provide a copy <input type="checkbox"/>
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Section 2: 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 Special 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.

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.

I am the person named in Section 1. (Go to Section 4)

Signature: _____ **Date:** _____

Section 3: Details of the person acting on behalf of the data subject

Name of Data Subject's Representative (If applicable):	
Address of Data Subject's Representative (If applicable):	
Contact Phone Number:	
Contact Email Address:	

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 4.
<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.

Section 4: 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 3 permission to act on your behalf.

I give NHS Forth Valley permission to give _____

(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:** _____

Guidance for Application for Subject Access to Non Health Records

The Data Protection legislation gives every living person the right to know what personal information an organisation holds about them. To exercise this right, you can make what is known as a 'subject access request'.

Only the following people may apply for access to personal information:

- The person who the information is about **or**
- Someone acting on behalf of the person who the information is about.

You have a right to know whether, or not, we hold any information about you, and a right to have a copy of that information. You also have a right to know:

- What kind of information we keep about you;
- The reason we are keeping it and how we use it;
- How long we will keep your information;
- Who gave us your information;
- Who we might share your information with and who might see your information;
- If we send your information outside Europe, and if we do what security measures we take to protect it;
- If you can request rectification or restriction or objection of processing of your information; and
- That you can make a complaint to the Information Commissioners Office.

You also have the right to have any codes or jargon in the information explained.

Points to consider

You may not be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else's; **or**
- identify another person (except members of NHS health staff who have treated you), unless that person gives their permission.

Accessing your non health records is an important matter and could, in certain circumstances, cause distress. You may wish to speak to an appropriate member of staff before completing the application form.

We will ask you to provide Photographic identification, such as a passport or driving licence, together with proof of your address, before we release any information to you. This ensures confidential information is only released to the right person.

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

Response time

We will aim to acknowledge receipt of your request within two working days. We will deal with your request as quickly as possible, and within one calendar month of receiving your completed application form and photocopies of your identification. If you have requested copies of your records, we will send these to you via Special Recorded Delivery Mail which will require a signature. If we have any problems obtaining your information, we will keep you up to date with our progress.

Fees

As of May 2018, there is no fee for information requested. It should be noted that in some circumstances e.g. requesting duplicate records, we may charge a reasonable fee. If a fee is to be applied, we will notify you of this in advance.

If you have any questions about your rights under the Data Protection legislation, you can contact us as follows:

- Data Protection Officer on 01786 457328 / 7337, fv.dataprotection@nhs.scot

Alternatively, you can contact the Information Commissioner's Office at <https://ico.org.uk/>

Please send the completed form to:

Data Protection Enquiries
Information Governance Department
NHS Forth Valley
Carseview House
Castle Business Park
STIRLING
FK9 4SW

Tel: 01786 457328 / 7337

Email: fv.dataprotection@nhs.scot

NHSFV Staff

Members of staff who wish to access their **Occupational Health Records only**, should complete the application for Subject Access to Health Records Form and submit to Health & Corporate Records Services Subject Access Team.