

**Subject Access Request to Personal Health Records under the Data Protection Act 2018 (DPA18) and General Data Protection Regulation (GDPR)**

Access to Health Records for living people is provided under the Data Protection Act 2018 (DPA18) and the General Data Protection Regulation (GDPR).

NHS Dumfries & Galloway are required by the above legislation to provide you with the requested information within thirty days after we have received the following:

* Completed application form and any necessary clarification of the information you require
* Proof of your identity (copies of 2 forms of identification)

Please note that, subject to certain exceptions, no fee is payable. If your request is excessive or you require further copies of information which has already been supplied in response to an earlier request NHS Dumfries & Galloway may charge an administration fee.

Completed forms should be sent to: **Data Protection Team**

**IM&T – FLOOR 2 (CORE AREA)**

**Mountainhall Treatment Centre**

**Bankend Road**

**Dumfries**

**DG1 4AP**

Alternatively you may email scanned copies of the completed form and supporting documentation to the following address:

[**dg.dpa-office@nhs.scot**](mailto:dumf-uhb.DPA-Office@nhs.net)

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| **Section 1: Details of the person for whom information is requested (the Subject)** |

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Contact number** |  |
| **Email address** |  |
| **Date of Birth** |  |
| **CHI number** |  |
| **Start date of records required** |  |
| **End date of records required** |  |
| **Please specify the type of records you are requesting, eg A&E, Radiology Images, Hospital Inpatient Stay etc.** |  |
|  |  |
| **Section 2: Are you the data Subject? (Please complete the appropriate section)** | | |

**YES: I declare that the information provided is true to the best of my knowledge and belief. I am the Subject named in Section 1, and as such I am requesting access to my health records under the terms of DPA18 and GDPR.**

**Signature: Date:**

**Please provide copies of two forms of identification. Acceptable forms of identification include driving licence, passport, utility bill, bank statement.** (Your application form is now complete.)

**NO: If you are requesting health records which are not your own then you must obtain consent from the Subject whose details are provided in Section 1. Please have them complete the following, if appropriate.** Consent is not required if you are requesting records when acting as Power of Attorney, parent of a young child or are able to provide NHS Dumfries & Galloway with a signed mandate from the Subject.

**I certify that I am the Subject named in Section 1, and I agree that my personal information is to be released to (print name of applicant).**

**Signature: Date:**

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| **Section 3: If you are NOT the data Subject please provide the following information.** |

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Contact number** |  |
| **Email address** |  |
| **Date of Birth** |  |
| **CHI number** |  |
| **Relationship to the Subject**  Please delete as appropriate.  NHS Dumfries & Galloway will require you to provide proof of your eligibility to view the records of the Subject. e.g. Power of Attorney document, birth certificate, signed mandate from the Subject. | **Power of Attorney**  **Parent / Guardian**  **I am a solicitor/insurance company**  **Pensions company acting on behalf**  **Of the Subject** |

**I certify that I am an appropriate person as named in Section 3, and as such I am requesting access to the personal health records of (please print name of the Subject) under the provisions of DPA18 and GDPR.**

**Signature: Date:**

**How we provide you with your records:**

**Secure File Transfer Service:** An email is sent to you bySWAN network containing a link to your requested documents and contact information for a member of the Data Protection Team.  Once you receive this email you are required to contact the Data Protection Team to obtain the password which will enable you to access your records via the link sent in the original email.  You can then download the files and save them in your preferred location.

The link to your records is valid for 3 days. This is the quickest and most secure method of sending your records .

**Please note:**

**We are required to check all health records for third party/sensitive/harmful information. If there is any such information contained in the records you have requested then this will be redacted, under the terms of the Data Protection Act 2018 (DPA18) and General Data Protection Regulation (GDPR), prior to release.**