

SUBJECT ACCESS REQUEST FORM

Request for the release of information under the Data Protection Act 2018 and General Data Protection Regulations

The Data Protection Act 2018 and the General Data Protection Regulations gives individuals the right of '**subject access**'. This includes the right to obtain a copy of personal data held by an organisation.

This form can be used to request:

- Copies of Medical Records held by The Clatterbridge Cancer Centre
- Copies of any additional information that is permitted under the Data Protection Act 2018/GDPR that is not held within the Medical Record
- Copies of Personnel Records (*Clatterbridge Cancer Centre Staff Only*)

Information should be provided within one month of receipt of the request. If this timescale cannot be met, we will write to you to explain why.

Generally, there is no charge for the information. However, organisations' can charge a "reasonable fee" for the administrative costs of complying with a request when it is manifestly unfounded or excessive particularly if it is repetitive. If this applies to your request, a member of staff will contact you to explain the fee and the reasons it is being charged.

Section 1: The Information Requested

A subject access request can be made either verbally e.g. by telephone, face to face or in writing. However, the use of this form ensures we have all the information we require on the day we receive your request.

I am requesting:	(Please tick the appropriate choice):		
A copy of my whole Clatterbridge Cancer Centre Medical Record			
or		Date from:	Date to:
A copy of a section of my Clatterbridge Cancer Centre Medical Record (please provide dates)			



or		Date from:	Date to:
Copies of the following sections of my medical record:			
Scanned images e.g. a disc showing the 'pictures' produced by MRI or CT scans, X-Rays			
Written X-Ray and Scan reports			
Letters			
Nursing Notes			
Rehabilitation Team Notes e.g. physiotherapy, speech and language therapy			
or	Please describe the information required:	Date from:	Date to:
Copies of any additional information that is not held within my medical record			
or (for CCC staff members only)		Date from:	Date to:
Copies of employment records held in paper or electronic format			

Section 2: Detail of the person whose information is requested

Surname:
First Name:
DOB:
Current address:
Postcode:
Contact Number:



NHS Number (if known):
Hospital Number (if known):

Details at the time the person was a patient of The Clatterbridge Cancer Centre (if different for above):

Surname:
First Name:
Address:
Postcode:

Section 3: Detail of the person making the request

The Data Protection Act 2018 and the General Data Protection Regulations does not prevent an individual making a subject access request via a third party e.g. a relative or solicitor acting on behalf of a client.

The Clatterbridge Cancer Centre must be satisfied that the third party making the request is entitled to act on behalf of the individual. It is the third party's responsibility to provide evidence of this entitlement through e.g. written authority to make the request or a more general power of attorney.

Proof of identity must be provided e.g. copies of a formal document such as a household bill detailing name and address, a driving license or passport.

Please confirm who is making the request on this occasion (tick as appropriate):

Individual	(Please tick the appropriate choice):
I am the patient	
I am acting on the patient's behalf (authorisation below must be completed)	



I am acting in loco parentis and the patient is under 16 years of age and is incapable of understanding the request	
I am acting in loco parentis and the patient is under 16 years of age and has consented to my making this request (authorisation below must be completed)	
I have been appointed by the court to manage the patient's affairs (proof must be provided either as legally appointed executor/executrix of the deceased's will or that you have been granted probate of the deceased's estate)	
I am the deceased patient's personal representative and attach confirmation of my appointment	
I have a claim arising from the patient's death and wish to access information relevant to my claim (please provide evidence of this claim)	

Name of individual making the request:
Signature:
Date:
Address for correspondence if different from the patient:



Section 4: Authorisation

I hereby authorise The Clatterbridge Cancer Centre NHS Foundation Trust to release the information to which I have the right of subject access under the The Data Protection Act 2018 and General Data Protection Regulation to:

The name of the person acting on your behalf _____ and to whom I have given consent to act on my behalf.

Signature of Data Subject:	Date:

Please return the completed form to:

Clerical Manager
Administrative Services Department
The Clatterbridge Cancer Centre NHS Foundation Trust
Clatterbridge Road
Bebington
Wirral
CH63 4JY

