

HOW YOU CAN OBTAIN ACCESS TO YOUR PERSONAL RECORDS

Notes to accompany Application Form

You're right to request access to your personal records:

Data Protection legislation gives individuals the right to request access to personal records held on them by organisations such as Lincolnshire Community Health Services NHS Trust. This is known as a Data Subject Access Request (DSAR).

Who can make a Data Subject Access Request?

- Any individual can make a Data Subject Access Request (DSAR). In addition an individual may nominate a representative (such as a solicitor or relative) to apply on their behalf. In this case, there must be a valid consent signed by the individual who authorises the release of information to the representative.
- A person who has parental responsibility for a young child can request access to the child's records. Release of records is usually only made in the best interests of the child. Children may apply themselves - where it is considered that the child has the competence to be able to understand the nature and implications of making a DSAR. If they are considered competent, they should also be consulted regarding any request that has been made for their records by another individual, i.e. a person with parental responsibility. The competence of the child in respect of requests for records can be considered from the age of 12.
- For mentally incapacitated adults a person may make a request on their behalf if they have been granted lasting power of attorney (Health and Welfare) or agent by a court to manage their affairs.

If you wish to make a Data Subject Access Request, you must put your request in writing to:

Lincolnshire Community Health Services NHS Trust, Data Protection and Compliance Team, Beech House, Witham Park, Waterside South, Lincoln LN5 7JH

By email: LHNT.DSAR@nhs.net

Evidence of identity and authority:

The Trust will not process your request unless we are certain that you are the person that you say you are. In most cases we will require copies of two items of evidence of identity - for example:

| Type of applicant | Types of documentation required |
|--|---|
| An individual applying for his / her own records | Two copies of identity required, e.g. Photo ID (either passport,/driving licence) and confirmation of address, i.e. current utility/council tax bill. |
| Someone applying on behalf of an individual | One item of proof of the person's identity and one item of proof of the representative's identity Photo ID (either passport,/driving licence) and confirmation of address of representative, i.e. current utility/council tax bill. |
| Person with parental responsibility applying on behalf of a child. | Copy of full birth certificate of the child. Photo ID (either passport,/driving licence) and confirmation of address, i.e. current utility/council tax bill of parent. |
| Power of Attorney / Agent applying on behalf of an individual. | Copy of a Court Order authorising Power of Attorney / Agent plus proof of the person's identity Photo ID (either passport/ driving licence) and confirmation of address, i.e. current utility/council tax bill. |

The Trust is not obliged to comply with your access request unless they have sufficient information to identify you and to locate the information held about you. Once the Trust has **all** the required information they should comply with your request within 30 days. In exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met.

In all cases, copies of the records will be sent securely and electronically, to an email address provided by the requestor (or you can collect copies if you prefer from Trust Headquarters, Beech House, Lincoln).

Exemptions to the release of personal information:

In general, all the personal records you request will be released to you although there may be circumstances where certain information could be restricted. These include:

- If it is considered that information in the records, if released, may cause serious harm to yourself or any other individual.
- Where there is personal information concerning another person contained within your records.

If you are not satisfied with your response:

In the first instance you should write to Lincolnshire Community Health Services NHS Trust explaining why you are dissatisfied with the response.

If you feel the Trust have failed to disclose information to you without good reason, you can make a complaint by following the Trust's complaints procedure.

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 legislation.

The address is:

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

Alternatively you can visit their website (www.ico.gov.uk) for further information about Data Subject Access Requests under data protection legislation

AUTHORITY FOR RELEASE OF PERSONAL RECORDS
Data Subject Access Request under the
Data Protection legislation

Section 1 – Person’s Detail

Surname:

Former Surname:

First Name(s):

Title:

Date of Birth:

NHS Number:

Current Address:

Email :

Day Time Telephone:

Section 2 – Applicant Details (if making a request on behalf of the person above)

Name:

Address:

Relationship to person in section 1:

Section 3 – Further Information

IMPORTANT: It will be helpful if you can describe the specific information you wish to see and provide as many details as possible so that we can identify your records quickly. If person records are being requested, please provide details such as dates, treatments, clinics, hospital, etc. If staff records are being requested, please indicate if current or previous member of staff and give payroll number if known.

Section 4 - Consent

Please tick **one** of the following boxes and sign below:

I confirm that I am the person mentioned in Section 1 and that I require access to my personal records (described in Section 3)

I confirm that I am the person mentioned in Section 1 and I authorise the release of copies of my personal records (described in Section 3) to the person mentioned in Section 2.

I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in Section 1

I confirm that I am the person mentioned in Section 2 and have been authorised to act as an agent/power of attorney for the person in Section 1

I understand that under the data protection legislation there may be a charge for providing a copy of the personal records described above.

Print Name: _____

Signature: _____

Date: _____

Section 5 : Return Details

Please return this form and **copies only** of required evidence to:

**OFFICIAL – SENSITIVE: Personal, Lincolnshire Community Health Services NHS Trust
Data Protection and Compliance Team, Beech House, Witham Park, Waterside South, Lincoln
LN5 7JH**

Email: LHNT.DSAR@nhs.net

NB: It is recommended that you keep a copy of this form.