

**Subject Access Request Form**

You should complete this form if you want us to supply you with a copy of any personal data we hold about you. You are entitled to receive this information under the EU General Data Protection Regulation (GDPR).

We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist.

We will endeavour to respond promptly to your request, and in any event:

* Within 30 days of receipt of your written request; or
* Within three months of the day of receipt of your written request where the request is complex or there are numerous requests

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request.

**You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.**

**Section 1 – About yourself**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (Mr, Ms etc) |  | Date of Birth |  |
| Surname/Family Name |  | Sex (Male/Female) |  |
| First Names |  |
| Maiden/Former surnames |  |
| Telephone Number (Day) |  |
| Email address |  |
| Home Address |  |
| Post Code |  |

If you would have been known to us by a different name, or at a different address (home or business) during the period to which the information you are seeking relates, please state the name(s) and address(es) below:

|  |  |
| --- | --- |
| Name |  |
| From (Date): |  | To (Date): |  |
| Address |  |
|  | Post Code |  |
| From (Date): |  | To (Date): |  |

 **Section 2 – Proof of identity**

|  |
| --- |
| To help establish your identity, you **must** submit a copy of one document from each of the following categories with your application:(a) Confirmation of name:- full driving licence, passport(b) Confirmation of name and address:- full driving licence\*, utility bill, bank or credit card statement, child benefit book, pension book (or other equivalent/similar official document – but it MUST show your name and address).\*Complete copy of both parts of your full (not provisional) driving license will be sufficient for both categories.**I am providing the following types of identification:**1. **(b)**
 |

 **Section 3 – Helping us to find the information**

3a. The following should be completed for information pertaining to an individual’s Patient Care Record whilst in treatment at Castle Craig Hospital.

I formally request relevant sections of my Patient Care Record from Castle Craig Hospital for my treatment period:

From: .......................................................      To: .....................................................................

Confirm which sections of your health record you require:

Pre-admission assessment    Blood Test Results    Progress notes
Medical assessment (including history and physical examination)

History and physical examination    Medical Discharge Letter   Continuing Care Plan

**Section 4 – Written Authority**

|  |
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| If you are not the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf. Please complete the details below. Your full nameAddress & PostcodeContact Telephone NumberEmail addressRelationship**Please provide proof of identity for yourself as detailed under Section 2:**To help establish your identity, you **must** submit a copy of one document from each of the following categories with your application:(a) Confirmation of name:- full driving licence\*, passport, birth certificate.(b) Confirmation of name and address:- full driving licence\*, utility bill, bank or credit card statement, child benefit book, pension book (or other equivalent/similar official document – but it MUST show your name and address).\*Complete copy of both parts of your full (not provisional) driving license will be sufficient for both categories.**I am providing the following types of identification:**1. **(b)**

**You must provide proof of authorisation to act on the data subject's behalf**I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject: Letter of Authority Lasting or Enduring Power of Attorney Other (give details)  |

**Section 5 – Declaration**

**Declaration** (to be signed by the applicant)

**The information that I have supplied in this application is correct, and I am the person to whom it relates.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**OR**

**Declaration** (to be signed by the authorised person)

I confirm that I am legally authorised to act on behalf of the data subject.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Warning – attempting to obtain personal data to which you are not entitled may be an offence under the GDPR.**

**Section 6 ­– Format**

|  |
| --- |
| Please confirm whether you wish to receive the information in electronic or postal format.If you select the electronic option, you will be sent an email with your personal data. All information sent will be encrypted.If you select the paper option, your personal data will be sent to you via recorded delivery post, to the address you provided in Section 1 above. I wish to receive the information: in electronic format   by post   |

**Section 8 – Completed form**

Please send your completed form and proof of identity either by email to e.turnbull@castlecraig.co.uk or by post to E Turnbull, Administration Officer, Castle Craig Hospital,Blyth Bridge, West Linton, Peeblesshire, Scotland, UK EH46 7DH