

# Subject Access Request Form



## Section 1: Personal Details of Data Subject

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

If you require radiology images (x-ray, ultrasound or CT) to be received electronically please provide an **email address and mobile number** or if not possible **two email addresses**.

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>Date of Birth</b>	
		<b>CHI (Community Health Index) or (if known):</b>	
		<b>Home phone number:</b>	
<b>Postcode:</b>		<b>Mobile phone number:</b>	
<b>Email Address:</b>			

If the person this access request is about has changed their name or lived at a different address during the periods of treatment you are interested in seeing information about, please provide these details.

<b>Previous name and address:</b>	
<b>Dates to and from:</b>	

## Section 2: Information you want to access

Give details in the boxes below of the records or information you want to access. E.g ward, clinic, departments or services. Also give full details of the periods of treatment or care you are interested in.

<b>Ward, clinic, department, specialty or service</b>	<b>Details</b>	<b>Dates from</b>	<b>Dates to</b>

# Subject Access Request Form



## Section 3: Who is Applying For Access to the Information

Please tick the relevant box that applies:

- I am the person named in Section 1 ☐ → **Go to Section 6**
- I have been asked to act on behalf of the person named in Section 1, and that person has filled in Section 5. ☐ → **Go to Section 4**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and has a general understanding of what it means to request access to personal information (in Scotland, the law presumes this for children aged 12 years and above), and they have filled in Section 5 ☐ → **Go to Section 4**
- I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and is not able to understand the request ☐ → **Go to Section 6**
- I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this (**please provide a certified copy**) ☐ → **Go to Section 7**
- I hold a welfare power of attorney in relation to the person named in Section 1 and enclose proof of this (**please provide a certified copy**) ☐ → **Go to Section 7**

## Section 4: Details of the Person Acting on Behalf of Others

You must fill in this section if the person named in section 1 has given you permission to act on their behalf

<b>Name: (Please print)</b>	
<b>Address and postcode we should send a reply to:</b>	
<b>Contact phone number:</b>	
<b>Email Address:</b>	

→ Now please complete Section 5

# Subject Access Request Form



## Section 5: 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 4 permission to act on your behalf.

I give you, **NHS Orkney**, permission to give \_\_\_\_\_  
(enter the name of the person acting on your behalf) the personal information requested in this form.  
I have given them permission to act on my behalf.

Signature: \_\_\_\_\_ Date:        /        /

Print Name: \_\_\_\_\_

→ Now go to Section 6

## Section 6: Identification/Countersignature

**Everyone must complete this section UNLESS you are providing:**

- A certified copy of a Power of Attorney document
- A certified copy of a Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. There are two ways you can do this, **please place a tick in the relevant box next to your preferred option:**

**1 – Provide One Form of Identification (ID)** ☐

We require proof of identification and current address. The following is a list of documents we will accept

Proof of ID

- Copy of the identification/photographic page from a current passport
- Copy of the identification/photographic section of a current driving licence
- Other forms of photo ID including travel pass, work badge

Proof of Address

- Copy of a recent utility bill or bank statement
- Copy of current rental agreement
- Copy of recent pay slips

**Please do not send original documents.**

**Any financial details can be redacted (blacked out) or removed.**

**OR**

# Subject Access Request Form



## 2 - Countersignature ☐

The other way to confirm a person's identity is by providing a countersignature.

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration ([Section 7](#)). You do not need to see the rest of the form.

**A family member or relative should not be asked to sign.**

In some cases, we may ask the person applying for more documents as proof of their identity.

I (write your full name) \_\_\_\_\_ confirm that I have known (name of the person applying) \_\_\_\_\_ for \_\_\_\_\_ years, and I was present when they signed the declaration.

<b>Signature:</b>		<b>Date:</b>	/ /
<b>Full Name:</b>			
<b>Profession (for example teacher)</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Phone Number:</b>			

# Subject Access Request Form



## Section 7: Declaration

You must sign this section, and if providing a countersignature to confirm your ID the person you have named in Section 6 (the counter signatory) must be present when you sign.

### Releasing information

Keeping personal information confidential and secure is extremely important to us.

We use Movelt Transfer, NHS Scotland's Secure File Transfer Service to send documents. Documents are sent via email through the system. Documents sent through this system are fully encrypted and will temporarily held in a Microsoft datacentre within the EU.

For more information on how NHS Orkney uses your personal data please visit:

<https://www.ohb.scot.nhs.uk/your-information-and-how-we-use-it>

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the UK General Data Protection Regulation (UK GDPR)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date:        /        /

**Send your filled-in form to:**

Email: [ork.dp@nhs.scot](mailto:ork.dp@nhs.scot) or post:  
Freedom of Information Officer  
NHS Orkney  
The Balfour  
Foreland Road  
Kirkwall  
Orkney  
KW15 1NZ