

Health Records Data Subject Access Request (DSAR) Application

Please complete this form for access to medical records only.

This form should be used if you wish to find out what medical information, if any, NHS Fife is holding or processing that relates to you.

In order to provide you with the information you are seeking, please provide as many details as possible regarding the records you are wishing to receive.

We are unable to process your request without a fully completed application form, proof of ID and relevant supporting documents.

Please fill in this application form using BLOCK CAPITALS and black ink.

If you require any assistance completing the application form, please do not hesitate to contact the Data Subject Access Request Single Point of Contact (DSAR SPOC) – fife.dsarspoc@nhs.scot or telephone on 01592 643 355 ext. 35194.

In accordance with Article 12 (3) of the UK General Data Protection Regulation, we are required to respond to your request within one month of receipt, however this can be extended by two further months where necessary, considering the complexity and number of the requests.

Send your completed form to:

DSAR SPOC
IG&S Department
Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 8JH

Or by email to:

fife.dsarspoc@nhs.scot

Section 1 - Details of individual whose records are being requested.

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

Surname		Previous Surname	
First Name(s)		Any other alias:	
Date of Birth		Gender	
CHI Number (if known)			
Current Address (inc. postal code)			
Telephone:		Email:	
Signature:		Date:	
<p>If this information is required for you to provide to another medical professional for continuation of your medical treatment, please provide the details to whom the information should be sent:</p>			
<p><u>Medical Professional</u></p>			
<u>Name and Designation</u>		<u>Organisation and Address</u>	
<u>Email:</u>		<u>Telephone:</u>	

Section 2 - Details of person acting on behalf of the applicant.

***Please only complete if acting as a representative for the above-named individual**

Surname		First Name(s)	
Current Address (inc. postal code)			
Telephone:		Relationship to individual:	
Email:			
Signature (representative)		Date:	

Section 2a: 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 2 permission to act on your behalf.

I authorise NHS Fife to release the information requested to (enter name of person) - to whom I have given my consent to act on my behalf.

Signature: _____

Date: _____

Section 3 – Proof of Identification and supporting documents

To process your request, we require two forms of Identification, one photographic and one confirming your current address.

The following documents will be accepted, please do not send original documents. Any financial details should be removed.

Photographic Identification:

- Photograph page from current passport.
- Photograph section of a current driving licence.
- National entitlement card (i.e., Bus pass / Young Scot Card)
- Current employment work badge (NHS, Forces, National Service only)
- Passport picture signed by medical professional involved in your care.

Proof of Address (within 3 months of request)

- Utility or council tax bill
- Bank or credit card statement
- Current council/housing association rental agreement
- Other documentation showing your address may be considered. Please contact DSAR SPOC for further advice.

If appointed as a representative, identification for both parties will be required, unless one of the supporting documents listed below is supplied. In this event, we only require identification (as described above) for the representative.

Supporting Documentation (please do not send original documents)

- Power Of Attorney (combined or welfare)
- Guardianship Order
- Confirmation of Parental Responsibility – Birth Certificate/Court Order

Section 4 – Information Required – Health Records:

To assist us with satisfying your request in a timely manner, please be as specific as possible regarding the information you require, including dates, locations, services, and specialities.

Hospital(s)	
Wards/Clinics	
Healthcare Professional (if known)	
Dates if known, (please give approximations)	
Services(s) please complete from the list below:	

- | |
|---|
| <ul style="list-style-type: none"> • Acute (e.g., Admissions, Cardiology, Day Surgery, Laboratories, Midwifery, ENT) • Audiology • CAMHS • Childrens Services (e.g., Health Visiting, School Nursing, Children & Young People Services) • Community Care (e.g., Rehabilitation, Specialist Community Nursing Services, District Nursing, Palliative Care Outreach Service, Hospital at Home) • Community Dental • Medical Photography • Mental Health/Learning Disabilities • Occupational Health • Physiotherapy • Podiatry • Radiology • Rehab and Therapies • Rheumatology • Sexual Health • Speech and Language |
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Section 5 –Preferred Method of Delivery (only choose one)

Paper copies Secure Post (to address specified in Section 1 above).	
Paper Copies - Collection in person (time and collection details will be advised on completion of request - ID will be required). Address of collection also to be advised.	
Electronic File Transfer (secure email). Please specify how you wish to receive password? By telephone/by email.	
Radiology requests –	
Image request only (images will be sent via encrypted CD with password sent separately).	
Reports request only (reports will be supplied as paper copies and sent recorded delivery).	
Images and reports both required (images supplied on encrypted CD (with password sent separately)) and reports supplied as paper copies. CD and reports are sent together recorded delivery).	
Images and reports are sent electronically (a link is sent for you to access a package with the studies. Images and reports are viewable via the viewer enclosed in the package. An additional email or mobile number must be supplied so that a password can be sent to allow access to the package).	

Section 6: Declaration

I certify that the information given on this form is true. I understand that NHS Fife may need to obtain further information in order to comply with this request.

Signed: _____ Date: _____

Print Name: _____

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All Data Subject Access Requests are processed in accordance with:

- UK General Data Protection Act 2018 (UK GDPR)
- Data Protection Act 2018