

Subject Access Request for Healthcare Record

In line with General Data Protection Regulation 2018 and
Access to Health Records Act 1990



**Maidstone and
Tunbridge Wells**
NHS Trust

Please write in **BLACK INK** in **BLOCK CAPITAL LETTERS** inside the boxes

Part 1 – Personal details of the Healthcare Record to be accessed (*data subject*)

Family name		Given name		Title	
Date of birth	__ / __ / ____	NHS number (if known)		Hospital number (if known)	
Current Address			Previous Address (if under 3 years)		
Address Line 1		Address Line 1			
Address Line 2		Address Line 2			
Address Line 3		Address Line 3			
Town		Town			
County		County			
Postcode		Postcode			
Telephone number		Email address			

Part 2 – Are you the data subject or a third party (*acting on behalf of the data subject*)?

I am not the data subject	<input type="checkbox"/> go to part 3
I am the data subject	<input type="checkbox"/> go to part 4

Part 3 – Applicants details for third Party requests (*on behalf of a child/young person, deceased patient or power of attorney etc.*)

Please state the relationship to the data subject:					
Family name		Given name		Title	
Address If the address is the same as Part 1 please tick this box <input type="checkbox"/>					
Address Line 1		County			
Address Line 2		Postcode			
Address Line 3		Telephone number			
Town		Email Address			

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Part 4 – Information Requested

Do you require these records to make a claim against Maidstone & Tunbridge Wells NHS Trust?

Yes / No

Do you require copies of:

(Please delete as appropriate)

Full healthcare records / Specific aspect of care

If specific aspect of care, please provide information and dates in the box below

Do you require **x-rays/ scans**:

Yes / No

If yes, please provide information and dates in the box below.

**Radiology images will be sent via a secure Image Exchange Portal (IEP).
Please provide the following details:**

Mobile telephone number:

Email address:

State clearly the information you require with dates where known *(not required for full health records)*

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Part 5 – Documentation and proof of identity

Please note that we reserve the right to ask for additional information/identification in some circumstances and we will inform you if this is the case.

Applicants identity please provide two pieces of identification (photocopies) from the table below (one from section A and one from section B)

A – proof of identity (photographic identification) <i>(please tick document enclosed)</i>		B – proof of address (less than 3 months old) <i>(please tick document enclosed)</i>	
UK Passport		Utility bill	
Passport from eligible countries including EU/EEU		Bank statement / Credit card statement	
UK Driving Licence		Council Tax bill	
EU/EEA National Identity card		Other	

Part 6 – Documents required for third Party requests.

Verification of identity and documentation for third party is required before your request can be processed. Please note that we reserve the right to ask for additional information/identification in some circumstances and we will inform you if this is the case.

Please tick the relevant documents enclosed :

For requests on behalf of a child or young person

Documents as stated in Part 5 **and** a copy of the child's **full** birth certificate

For requests on behalf of a deceased patient

Documents as stated in Part 5 **and** a copy of the Will stating that you are the executor of the deceased's estate **or** a probate form stating that you are deceased's personal representative

For requests on behalf of a living data subject

Documents as stated in Part 5 **and** a signed letter of consent from the data subject that confirms authorisation to act on their behalf **or** a court order stating that you have power of attorney for Health and Welfare

Part 7 – Declaration by applicant

I declare that, to the best of my knowledge, the information I have provided on this form is correct

Signature		Print Name	
Date			

Please return completed form, identification and any additional information to:

By post:

Subject Access Request Department
Maidstone and Tunbridge Wells NHS Trust
32-36 Eldon Way
Paddock Wood
Kent
TN12 6BE

By email:

mtw-tr.SAR@nhs.net

Upon receipt of your completed request we aim to disclose your records to you within the maximum deadline of 30 days (if additional clarification is needed, the 30 day period does not start until that is received).