

Request for Information Form

Incorporating requests made under the General Data Protection Regulation 2016 (GDPR) or the Access to Health Records Act 1990

All sections of this form must be completed and signed in order for us to process your request.

Section 1 – Data Subject’s details	
<i>(Details of the person whose records are being requested)</i>	
Surname	
Former Name <i>(If applicable)</i>	
First Name(s)	
Title <i>(Mr, Mrs etc.)</i>	
NHS Number <i>(if known)</i>	
Current Address	
Date of Birth	

Section 2 – Further Information
<i>IMPORTANT: Please use the box below to describe the specific information you wish to see and provide as many details as possible so that we can identify your records quickly. If patient/service user records are being requested, please provide details such as dates, treatments, sites visited, etc.</i>

CONFIDENTIAL (when completed)

Section 3 – Provision of Information	
Please confirm the format that you would prefer to receive a copy of the records by ticking the appropriate box	
Paper copy	
Paper copy to collect from agreed location	<input type="checkbox"/>
Paper copy by post	<input type="checkbox"/>
Electronic copy	
Electronic copy (if available) – Provide email address you are happy for the records to be sent to (if different from below)	<input type="checkbox"/>
View Records	
I would prefer to view my records and would like to be contacted to make the appropriate arrangements	<input type="checkbox"/>

Section 4 – Declaration by applicant	
Applying for	Tick as appropriate
I am applying for my own records	<input type="checkbox"/>
I am requesting the disclosure of a deceased persons records	<input type="checkbox"/>
I am applying for a child's records of which I have parental responsibility	<input type="checkbox"/>
I am applying on behalf of an individual where I have power of attorney or other legal rights to act on their behalf	<input type="checkbox"/>
I have included copies of the appropriate identification and/or evidence to support this request as outlined in the attached guidance document	<input type="checkbox"/>
IMPORTANT: Please ensure that the appropriate support documentation is included with your application otherwise this may result in a delay to your request. (Please see guidance sheet)	
Please complete below in BLOCK CAPITALS	
Your name: _____	
Your address: _____ _____	
Telephone No: _____	
Mobile No: _____	
Email Address: _____	
Your signature: _____	
Date: _____	
<i>The Information you supply for current address etc. may be used by the Trust to update our records in order to help us keep your information up to date.</i>	