



DATA PROTECTION ACT 1998 – SUBJECT ACCESS APPLICATION FORM (including guidance notes)

The Data Protection Act 1998 gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a 'subject access request'. If you want to make a subject access request, you should fill in this form.

Only the following people may apply for access to personal information.

- The person who the information is about.
- Someone acting on behalf of the person who the information is about.

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to know the following.

- What kind of information we keep about you.
- The reason we are keeping it and how we use it.
- Who gave us your information.
- Who we might share your information with and who might see your information.

You also have the right to have any codes or jargon in the information explained.

You won't be able to see any information that:

- could cause serious harm to your physical or mental health, or anyone else's; or
- could identify another person (except members of NHS clinical staff who have treated the patient), unless that person gives permission;
- could have a damaging effect on protecting members of the public from bad practice or improper conduct by professionals; or
- could have a damaging effect on the way crime is detected or prevented; or
- could have a damaging effect on the catching or prosecution of offenders; or
- is being used only for research, historical or statistical purposes.

If you need any more advice about your rights under the Data Protection Act, please contact our Privacy Advisor at the address on the next page. Or, you can contact:

The Information Commissioner's Office – Scotland
45 Melville St
Edinburgh
EH3 7JL.
Phone: 0131 244 9001
E-mail: Scotland@ico.org.uk

Response time

We will deal with your request as quickly as possible, and within 40 days of receiving your filled-in application form (including identity details and documents). If we have any problems getting your information, we will keep you up to date on our progress.



DATA PROTECTION ACT 1998 – SUBJECT ACCESS APPLICATION FORM (including guidance notes)

How long records are kept

We hold records in accordance with NHS Scotland guidance on records retention. In line with this guidance, and data protection requirements, some records are routinely destroyed once they are no longer required. It is therefore possible that some information about you, in particular information created a number of years ago, may no longer be held.

How we will use the information you provide us

We ask for information to prove your identity (see section 6) because we have confidential information and we must get proof of your identity and your right to receive any relevant information. We will retain copies of proof of identity documents for a period of 6 months, and will destroy them securely after that time.

We use the information you provide on the form, and accompanying identity documents, only for the purpose of responding to your request.

We keep your completed form, and a copy of the information we have provided to you for a minimum period of 6 years. In line with NHS Scotland guidance on records retention and data protection requirements, we may destroy these records, securely, after that time.

Points to consider

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

Accessing health information is an important matter. Releasing certain information may in certain circumstances cause distress. If your application is likely to involve access to health information, you may want to speak to an appropriate health professional before filling in the form.

Unless otherwise advised, send your filled-in form and identity documents to:

NSS Privacy Advisor
NHS National Services Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Email nss.dataprotection@nhs.net

Document History – Office use only

Version	Date	Comment	Author
7.0	August 2011	Routine update	NSS Privacy Advisor
7.3	November 2014	Review including removal of charging	NSS Privacy Advisor



DATA PROTECTION ACT 1998 – SUBJECT ACCESS APPLICATION FORM (including guidance notes)

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

Section 1: Personal details

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.

Last name:		First name:			
Address:		Date of birth:		Sex:	
		Home phone number:			
		Other phone number:			
Postcode:		Community Health Index (CHI) Number if known:			

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

Previous last name:			
Previous address:			
Dates from and to:			

NHS Contractors only

Fill in the details below, as appropriate, if the person who this request is about is employed by the NHS, or contracted to the NHS to provide general medical, dental, ophthalmic or pharmaceutical services.

Individual Reference Code (e.g. Practice Code, GP Reference Code)	Place of work	Professional Registration Number e.g. General Medical Council or General Dental Council number



DATA PROTECTION ACT 1998 – SUBJECT ACCESS APPLICATION FORM (including guidance notes)

Section 2: NHS contacts

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health-service worker in charge of the care (for example, a GP or dentist) for each treatment period in the ‘Healthcare Professional’ column.

If the person who this request is about is a blood donor, please provide the donor identification number or the centre where they attended blood-donor sessions and rough dates in the ‘Extra information’ box.

NHS centre you went to	Ward, clinic, department, specialty or service	Name of Healthcare Professional (if known)	Dates from and to

Extra information

Please add any more information that may help us trace the information you need. Give details in the box below of the information you want to access.

Section 3: Declaration

You must sign this section, and the person you have named in section 6 (the countersignatory) must be present when you sign.

Releasing information

Keeping personal information confidential and secure is extremely important to us. We ask that you provide us with proof of identification and current address, to include **two items** from the list below:

- copy of the identification/photographic page from a current passport;
- copy of the identification/photographic section of a current driving licence;
- copy of the identification/photographic section of a concessionary travel pass;
- copy of a recent utility bill or bank statement (with financial details blanked out).

Please note: we will not release information until we have received this.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection Act 1998.

Signature: _____

Date: / /

I am the person named in section 1. (Go to section 6.)

Or

- 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, 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 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 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. (Go to section 6.)
- I hold a welfare power of attorney in relation to the person named in section 1 and enclose proof of this. (Go to section 6.)



DATA PROTECTION ACT 1998 – SUBJECT ACCESS APPLICATION FORM (including guidance notes)

Section 4: Details of the person acting on behalf of the person applying.

You must fill in this section if you are not the person named in section 1.

Name: (Please print)	
Address and postcode we should send a reply to:	
Contact Phone Number:	

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 National Services Scotland, permission to give

_____ (enter the name of the person acting on your behalf) any

personal information about me. I have given them permission to act on my behalf.

Signature: _____

Date: / /



DATA PROTECTION ACT 1998 – SUBJECT ACCESS APPLICATION FORM (including guidance notes)

Section 6: Countersignature

You must fill in this section if you need to confirm the identity of:

- the person named in section 1;
- the parent or guardian of the person (under 16 years old and not able to understand the request) named in section 1; or
- the person appointed by the court to manage the affairs of the person named in section 1; or
- the individual holding the welfare power of attorney in relation to the person named in section 1.

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information. A family member should not be asked to sign.

Any of the following can sign.

- A Member of Parliament
- A Member of the Scottish Parliament
- A Justice of the Peace
- A minister of religion
- A professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
- A bank employee
- A civil servant
- A police officer

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration (section 3). The person signing the form does not need to see the contents of the rest of the form. The person applying has also been asked to produce 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.

Signature:		Date:	/	/
Full name:		Profession:		
Address:				
Postcode:	Phone number:			