

**ACCESS TO RECORDS UNDER THE GENERAL DATA PROTECTION REGULATIONS (GDPR) 2018**  
**(Subject Access Request)**

**NOTES FOR APPLICANTS**

**Please read these guidance notes before completing the Application Form**

**Note 1 (Part A) – Identity of the person about whom the information is requested**

*This part must be completed for all applicants.*

Complete all details relating to the person whose records you wish to access. This should include former names (e.g. maiden name) and previous address, if applicable, for the period relating to the record requested.

If requesting access to health records please provide the NHS Number if known.

**Note 2 (Part B) – Details of the information required.**

*This part must be completed for all applicants.*

You must specify the records you wish to access and provide as many details as possible. It is not sufficient to state "All Records". If there is insufficient space, please attach a continuation sheet.

**Note 3 (Part C) – Declaration**

*This part must be completed by the person seeking access.*

Tick one box only which best describes you.

Sign and date in the space provided, and if you are not the person to who the record relates, provide your address, telephone number and relationship to the person.

You will need to supply a form of identification: either a current photo driver's licence or a current photo passport. If the person lacks capacity of understanding to make the request you also need to provide a copy of the authority enabling you to act on their behalf e.g. Lasting Power of Attorney.

We require proof of identity before we can process your request. This is to protect the identity of the data subject and ensure that the Data Protection principles are not breached. Photocopies are acceptable, DO NOT send original documents.

**Note 4 (Part D) – Authorisation for Application made on behalf of another person**

This part should only be completed when the applicant is not the person to who the record relates but has been authorised by the person to make the application. *If the application relates to a deceased person's records please use Access to Health Records Form.*

Once the details in sections A to C have been completed the person should sign and date in the space provided to officially authorise the applicant's request for access.

**GENERAL NOTES**

1. WARNING – It is a criminal offence to make false or misleading statements in order to obtain information.
2. Individuals have a right to confidentiality of their personal health information and Taurus Healthcare must be satisfied that an applicant is the person or the person's authorised representative. This may involve checking the identity of any of the named persons on the completed application form and their validity to request access.
3. Information may be withheld where it is considered that access might cause harm to the physical or mental health of the patient or any other individual, or where a third party might be identified.



PLEASE COMPLETE IN BLOCK CAPITALS

**APPLICATION FOR ACCESS TO RECORDS (GDPR) (Subject Access Request)**

**Part A – Identity of the Person about whom the information is requested** (see note 1)

<b>SURNAME:</b>	<b>FORMERLY:</b>
<b>FORENAME(S):</b>	<b>DATE OF BIRTH:</b>
<b>CURRENT ADDRESS:</b>	<b>PREVIOUS ADDRESS:</b>
<b>EL NO:</b>	
<i>if requesting health records</i>	
<b>NHS NO:</b>	

**Part B – Details of the information required** (see note 2)

Brief details of information required	Approximate Date(s)

**Part C – Declaration** (see note 3)

**I declare that the information given is correct to the best of my knowledge and that I am entitled to apply for access to the information detailed above under the terms of the GDPR. (Tick as appropriate)**

	I am the person named in Part A
	I have been authorised to act by the person
	I am the person's parent/legal guardian and have parental responsibility
	The person is over 13 years of age. I am their next-of-kin/legal representative. I am making this application as they lack the capacity of understanding to make the request.

<b>SIGNED:</b>	<b>ADDRESS</b> (if different from that in Part A)
<b>PRINT NAME:</b>	
<b>DATE:</b>	
<b>TEL NO:</b>	
<b>RELATIONSHIP TO PERSON:</b>	

**Part D – Authorisation for application made on behalf of another person** (see note 4)

I hereby authorise release of my records, as specified above, to the person named in Part C and declare that I am the person named in Part A of this form.

<b>SIGNED:</b>
<b>PRINT NAME:</b>
<b>DATE:</b>

**Please confirm the details of the identification information enclosed with the application:**

<input type="checkbox"/>	Photocopy of current photo driver's licence
<input type="checkbox"/>	Photocopy of current passport
<input type="checkbox"/>	Authorisation to act on behalf of a person that lacks capacity

**WARNING: It is a criminal offence to make false or misleading statements in order to obtain information.**

Please return the completed form to:

Kate Faulkner-Elliott  
Taurus Healthcare Ltd  
Suite 1  
Berrows Business Centre  
Hereford HR1 2HE

