

Subject Rights Request Form

Requesting copies of personal information processed by The Royal Wolverhampton NHS Trust

This form can be completed and returned in the post, via email or completed over the telephone with a member of the Health Records Access Team. There will be no charge for accessing your health records (however we can charge a reasonable administrative fee should your request be repetitive).

In line with data protection legislation, you can expect to receive your requested information within 30 days. Where requests are complex this may be increased to 90 days. If the Trust receives numerous requests regarding the same patient within a short period of time then this will be deemed as 'numerous' and as such will attract a 90 day timeframe. You will be sent an acknowledgement letter on receipt of your request which will detail the appropriate timeframe.

Please return completed form to: The Health Records Access Team c/o The Health Records Library, Location B19, McHale Centre, New Cross Hospital, Wolverhampton, WV10 0QP or send via email to rwh-tr.healthrecordsaccess@nhs.net or telephone 01902 695544, 695545 or call 01902 307999 ext.8093 for assistance.

SECTION 1: Patient details (the data subject)

Full name of patient			
Title (please circle)	Mr/Mrs/Miss/Ms/Dr/Other	Date of Birth	DD / MM / YYYY
Previous name(s)			
Hospital/NHS Number	(if known)		
Current Address			
Previous Address(es) (use separate sheet if necessary)			
Telephone Number			

SECTION 2: Details of the information that you are requesting

The following information will be routinely supplied as part of your Subject Access Request, **unless you specifically indicate that only certain information is required**. This will be processed within 30 days of receiving your request.

- Emergency Department Records (A&E record card)
- Minor Injuries Unit (MIU) records at Cannock Chase Hospital
- The main physical health record (paper records)
- Scanned notes (electronically stored on our Clinical Web Portal system)
- Microfilmed (archived) records
- Radiology images i.e. X-rays, scans and reports
- Clinical Images (Medical Photography)
- Pathology (blood tests etc.)
- Observation recordings (via a system called Vitalpac)
- Physiotherapy

Please note that the Urgent Care Centre (UCC) based at New Cross Hospital (above the Emergency Department) is not part of the Trust, and is operated by a separate provider called Vocare. Subject Access Requests for Vocare must be sent directly to wm.governance@nhs.net

If you only need a particular section of your records please give details:

Period of Disclosure	From / To, or a specific episode of care	
Department(s)/Speciality	If applicable / if known	
Consultant(s)	If applicable / if known	

We do not automatically include the following information. Please indicate below which records you require. **The law allows us additional time to process complex and/or numerous requests, so may not be available to you for 90 days.**

- Audit trails of access to the electronic records management systems used by the Trust
- Datix Risk and Incident Management System
- Wolverhampton Special Care Dental Service
- Sexual Health Services (The Fowler Centre)
- The Maltings
- Foot Health Services
- The Phoenix Walk-In Centre
- Paediatric Community Services inc. health visiting and school nursing service
- Information held by Individual Departments/specialities (**please specify**):

Primary Care Services

The following GP Practices are part of the Royal Wolverhampton NHS Trust Primary Care Service. If your GP is listed below you can request a copy of your GP records as part of this request.

- | | | |
|-----------------|----------------|-------------------|
| - Alfred Squire | - Coalway Road | - Lakeside |
| - Lea Road | - Penn Manor | - Thornley Street |
| - Warstones | - West Park | |

Please tick this box if you would like a copy of your GP records

SECTION 3: Who is requesting this information?

<input type="checkbox"/> I am requesting my own information.
<input type="checkbox"/> I am the parent/legal guardian of the patient and have responsibility for the patient who is under the age of 13 years old (formal evidence of this responsibility may be required)
<input type="checkbox"/> I have been asked to act on behalf of the patient (attach the patient's written authorisation)
<input type="checkbox"/> The patient is unable to make this request, and I am appointed by the Court to manage this on their behalf (attach confirmation of appointment)
<input type="checkbox"/> I am the deceased patient's legal representative (attach confirmation of appointment)

SECTION 4: Details of requestor (complete this section only if you are not the patient)

Full name of requestor	
Relationship to patient	
Current Address	
Telephone Number	
Email Address	

SECTION 5: Please indicate how you wish to receive the records

<input type="checkbox"/> I wish to make an appointment to view the requested records with a member of Health Records Services (no medical information will be discussed at this session)
<input type="checkbox"/> I wish to collect copies of the records (ID will be required on collection)
<input type="checkbox"/> Please send me copies of the records by recorded delivery
<input type="checkbox"/> I would prefer to receive the records via secure email (where possible)

SECTION 6: Rectification and/or Restriction of Inaccurate Data

If any of the information supplied by the Trust is found to be factually inaccurate or incomplete, the patient has the right to have this information rectified. If this is the case then please let the Health Records Access Team know. The information will then be reviewed (alongside the appropriate Healthcare Professionals) and amendments made as required. The timescale involved for completing this type of request is the statutory 30 or 90 day deadline as described above.

SECTION 7: Declaration

It is a criminal offence to unlawfully obtain or attempt to obtain data.

We require proof of your identity before we can disclose any personal information. You will need to provide copies of two documents, such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your full name and current address. If you have changed your name, please supply relevant documents evidencing the change.

A) Requesting Your Own Record's

I am applying to access health records held by The Royal Wolverhampton NHS Trust (RWT). I certify that to the best of my knowledge the information provided on this form is correct, and that I am the person to whom it relates. I understand that RWT is obliged to confirm proof of identity and it may be necessary to obtain further information in order to exercise my right of access.

Sign: Print: Date:

I have enclosed two types of identity with this form (please tick):

- Birth Certificate Driving Licence Passport An official letter to my address

B) Requesting Someone Else's Records

I, the requester, apply for access to the health records of the above named patient, under the General Data Protection Regulation (GDPR) Right of Access. I certify that to the best of my knowledge the information provided on this form is correct and that I am legally authorised to act on behalf of the patient. I understand that RWT is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Sign: Print: Date:

Proof(s) of legal authorisation enclosed with form (please tick)

- Letter of authority from patient Lasting or Enduring Power of Attorney (Health and Welfare)
 Evidence of Parental Responsibility Other - please state:

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