Hounslow and Richmond Community Healthcare NHS Trust

AUTHORITY FOR RELEASE OF PERSONAL RECORDS
Subject Access Request under Data Protection Act 1998 / Access to Health Records Act 1990

SECTION 1 - DETAILS OF APPLICANT (whose records are being requested):

Surname:

Former Surname:

First Name:

Title:

Date of Birth:

NHS Number:

Current Address:

Postcode:

Former Address: (if applicable)

Postcode:

Telephone Number:

SECTION 2 - DETAILS OF REQUESTOR (if making a request on behalf of the person/applicant above):

Name:

Address:

Relationship to person in Section 1:

SECTION 3 – DETAILS OF TREATMENT:

Date attended	Service/Clinic	Consultant	Hospital Number (if known)

FURTHER INFORMATION - IMPORTANT

Please describe the specific information you wish to see and as many details as possible so that we can identify your records quickly. Please provide details such as dates, treatments, clinics, hospital, etc.

Information requested if not specific to a certain appointment:
SECTION 4 - PROVISION OF INFORMATION:
Please note that our usual method of providing access to records is to post copies to your stated address. If you wish to access records by any other means please indicate below. We will then contact you in order to facilitate this.
Viewing records at a trust location:
Collecting records at a trust location:
Other (please specify):
SECTION 5 – CONSENT:
I confirm that I am the person named in Section 1 and that I require access to my personal records (described in Section 3): **Yes / No**
I confirm that I am the person named in Section 1 and I authorise the release of copies of my personal records (described in Section 3) to the person named in Section 2: **Yes / No**
I confirm that I am the person named in section 2 and I have parental responsibility for the child named in Section 1: **Yes / No**
I confirm that I am the person named in Section 2 and have been authorised to act as an agent/power of attorney for the person named in Section 1: **Yes / No**
I understand that under the Data Protection Act (1998) Regulations 2001, there may be a charge for providing copy of the personal records described above.
Signature:
Print Name:
Date:
SECTION 6 – EVIDENCE:
Evidence of the patient's and/or the patient's representative's identity may be required – see guidance above.
SECTION 7 – FEES: (There is a charge to have a printed copy of the information held about you, this fee includes the time taken to locate the records and the printing costs involved).
Please make cheques payable to Hounslow & Richmond Community Healthcare NHS Trust • For copies of records requested by patients/patient's representatives: £10 • For copies of records requested by Solicitors: £50
Please return the form and copies of evidence to:
Email: **foi@hrch.nhs.uk** **Address: Information Governance Manager** **Hounslow and Richmond Community Healthcare NHS Trust** **Thames House, 180 High Street, Teddington, Middlesex TW11 8HU**
NB Please mark the envelope 'Private and Confidential'. Please keep a copy of this form.