

Subject Access Request Form (SAR)



Personal information collected from you by this form, is required to enable your request to be appropriately processed, this personal information will only be used in connection with the processing of this Subject Access Request. **If the request is for Patient Medical Information then the request needs to be re-directed to LaSCA, refer to page 2 for contact details.**

1. Identity of the Individual about whom information is being requested

Full Name:	_____	Former Name(s)	_____
Current Address:	_____	Former Address (Inc. dates of change)	_____
Date of Birth:	_____	NHS Number: (if known)	_____
Contact Phone Number (including area code:	_____	E-mail address: (Optional)	_____

2. Tick the appropriate box identifying whether you or your representative is applying.

I am applying for access to my own information

I have instructed my authorised representative to apply on my behalf

If you have authorised a representative to apply on your behalf please sign this section or attach another form of written authorisation.

You need to be aware that in doing so your representative may gain access in information which may not be relevant, if this is a concern you should inform your representative of what information you wish them to specifically request.

3. If you are the authorised representative please provide your details

Surname:	_____	First Names(s):	_____
Telephone Number:	_____	E-Mail address: (optional)	_____
Address & Postcode:	_____		

4. Please describe the specific information that you are requesting

You do not have to give a reason for applying for access. However to help save time and resources it would be helpful if you could describe any specific information that is needed, such as relevant dates, specific information, reports Etc.

If this request relates to CCTV footage please complete section 9 as well

5. Requester Declaration

I declare that the information given by me is, to the best of my knowledge, correct and that I am lawfully entitled to apply for the information referred to overleaf, under the terms of the Data Protection Act 1998.

Print Name: Signature:

Date:

6. Further Information

A fee may be payable per application, where a fee is payable this will need to be paid before access can be granted or a copy provided, all charges include postage and packaging.

To provide you with a copy of your Information the costs are:	Up to
Held totally on computer	£10
Held in part on computer and in part manually or totally manually	£50
To allow you to view your Information (where no copy is required)	
Held totally on computer or in part on computer and in part manually	£10

Once NHS Bury has all the required information, and fee, where relevant, your request should be complied with within 21 days. In exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met.

In certain circumstances, the Data Protection Act 1998 permits the Trust to withhold information, for example information likely to cause serious harm to the physical or mental health or condition of you, or any other person. Information relating to or provided by a third person who has not consented to the disclosure, including images removed or obscured. This exemption does not apply where that third person is a health professional involved in care of a patient.

7. Where to send your request

Record Type	Completed form to be sent to:
Patient Medical	Access form available from LaSCA's website at www.lasca.nhs.uk (see 'Patient Services' tab), or telephone 01772 221444, or write to 3 Caxton Road, Fulwood, Preston, PR2 9ZZ
All other non-patient medical Requests	Data Protection Officer NHS Bury, 21 Silver Street, Bury, BL9 0EN

8. Providing evidence of identity

To confirm your identity this request must be accompanied by two forms of identification that clearly show your name, date of birth, current address and a photograph. Failure to provide may delay your application:

- Evidence of the authorised representative's identity
- Evidence of the identity of the individual whose information is being requested
- Stamped Address envelope for return of proof of identity/authority documents

Examples of evidence required are Photo Driving Licence, Passport, Birth certificate, utility bill or other official documentation that show where you reside.

9. CCTV images

This section should only be completed where CCTV images are being requested.

To ensure that the CCTV images being requested can be identified it is important that you clearly specify the following information where appropriate:

- Place where incident occurred, please state which building, floor, and area required;
- As far as possible any specific dates and times;
- Where the police contacted?
- If the area was a car park, please draw a map showing the location required and provide details of your car registration number, make, model and colour;
- As stated in section 4 you do not need to give a reason why you are making the request. However to help save time and resources and given the nature of the footage that may have been captured it would be helpful if you could describe any events that occurred and any actions you undertook.

Please be advised that CCTV images are retained for a short period of time, and any identifiable information relating to third parties will most likely be removed or blurred.

Please use another sheet of paper if required.