

Data Subject Access Request Cover Letter (DPA 2018)

Please find enclosed an application form to access personal data. Before submitting your request, read the instructions below and ensure all requested information is provided to enable the Information Governance Team process your application efficiently and within the statutory time frame.

Please note that failure to enclose the correct documentation could delay the processing of your request.

If you are requesting a copy of your own health records, you need to enclose:

- Copy of your photographic ID such as, a Driving Licence or Passport

If you are requesting records on behalf of a patient, you need to enclose:

- A copy of your photographic ID such as a Driving Licence or Passport
- A copy of the patient's photographic ID such as a Driving Licence or Passport
- An explicit consent from the patient i.e. signed and dated within the last three months

If you are requesting records on behalf of a patient who is under 16 years of age you need to enclose:

- Copy of your photographic ID such as a Driving Licence or Passport
- Proof of parentage/legal guardianship – Birth Certificate

The statutory timeframe for processing requests for information is 30 calendar days. We would not commence the processing of your request until all correct documentation has been received.

You can apply for your records either by email, post, telephone call, or in person to the applicable hospital. Please send your email to information.governance@bmihealthcare.co.uk

Our postal address is:

Information Governance & Data Protection Officer
First Floor, 30 Cannon Street
London
EC4M 6XH

Please note: If you do not have a valid photo identification documents, we may accept a letter from your local doctor or General Practitioner, stating your name, address, date of birth and duly signed and dated by them.

(Affix Patient Label)

Section 1: Details of the Data Subject

| Details of the person whose records are being requested | |
|--|--|
| Surname | |
| Former name | (if applicable) |
| Forename(s) | |
| Title | |
| Date of Birth | |
| Hospital/s Attended | |
| (For BMI Staff) BMI Site Worked At | |
| Daytime Tel No | |
| Current address | |
| Details of your request (further information about what is being requested) | e.g. medical records related to appendicitis surgery in March 2018 |

Section 2: Declaration and Authorisation

I am applying to access my records under the terms of the Data Protection Act. (if you are requesting records on behalf of another person, please complete Section 3)

I understand that I will be required to provide proof of my identity.

I declare that the information I have given on this form is correct to the best of my knowledge and that I am the person named above.

Signature

Date

(Affix Patient Label)

Section 3: For Third Party Request Only

I am applying on behalf of the person named above to access their records under the Data Protection Act 2018.

I understand that I will be required to provide proof of my identity.

| | |
|-----------------------------|--|
| Your name (BLOCK CAPITALS): | |
|-----------------------------|--|

| | |
|-----------------|--|
| Your signature: | |
|-----------------|--|

| | |
|-------|--|
| Date: | |
|-------|--|

Authorisation from Patient/Data Subject

I give my consent to the above-named person to be supplied with copy of my records as stated above.

| | |
|------------|--|
| Signature: | |
|------------|--|

| | |
|-------|--|
| Date: | |
|-------|--|

*If acting on behalf of the data subject because of their mental capacity then please tick the applicable box below instead.

I am acting on behalf of the data subject who lacks capacity to consent as defined by the Mental Capacity Act 2005.

or

I hold a Lasting Power of Attorney (LPA) / I have been appointed as an independent Mental Capacity Advocate to act on behalf of the data subject (delete as applicable) and have attached evidence.

or

I have parental responsibility and the data subject is under the age of 16 years and either

| | |
|--------------------------|--|
| <input type="checkbox"/> | Lacks capacity to understand the request |
|--------------------------|--|

| | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Has consented to the request |
|--------------------------|------------------------------|

| | |
|--------------------------|---|
| <input type="checkbox"/> | The data subject is between 16 and 18 years of age and lacks capacity |
|--------------------------|---|

If you are requesting personal records of a deceased person, please email:
Information.Governance@bmihealthcare.co.uk