The Data Protection Act 1998 gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a 'subject access request'.

Only the following people may apply for access to personal information:

- The person who the information is about or
- Someone acting on behalf of the person who the information is about.

You have a right to know whether or not we hold any information about you, and a right to have a copy of that information. You also have a right to know:

- What kind of information we keep about you;
- The reason we are keeping it and how we use it;
- Who gave us your information;
- Who we might share your information with and who might see your information.

You also have the right to have any codes or jargon in the information explained.

You won’t be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else’s; or
- identify another person (except members of NHS clinical staff who have treated the patient), unless that person gives their permission.

If you need further advice about your rights under the Data Protection Act, please contact:

- Legal Aspects Manager on 0141 211 3033 or
- Information Governance Department on 0141 211 1946.

For further information on the Data Protection Act please go to: Scotland@ico.gsi.gov.uk

If you wish to make a subject access request you should complete this form and return this to:

Health Records Legal Manager
NHS Greater Glasgow & Clyde
Gartnavel General Hospital
1053 Gt Western Road
Glasgow
G12 0YN
Data Protection Act 1998 – Subject Access Application Form

Fee

If the records have been amended within the last 40 days – no £10 admin charge but copy charges applicable (up to a maximum of £50).

If the records have not been amended within the last 40 days - £10 admin charge and copy charges applicable (up to a maximum of £50).

Total cost will depend on the number of copies requested and are charged at 30p per sheet.

Response time

We will deal with your request as quickly as possible, and within 40 days of receiving your completed application form. If you have requested copies of your records we will send these to you and our Finance Department will send you a separate invoice to request payment. If we have any problems getting your information, we will keep you up to date on our progress.

How long records are kept

Health records are kept for a limited time and this is noted below for your information:

- Adult general hospital records - six years after the date of the last entry;
- Maternity records - 25 years after the birth of the last child;
- Children’s and young people’s records - until the child or young person’s 25th birthday; and
- Mental health records - 20 years after the date of the last contact.

This may help you in considering what types of records you are applying to see.

Points to consider

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form.

We ask for a countersignature (see section 7) because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

There are additional notes to help you fill in the form on page 7.
Data Protection Act 1998 – Subject Access Application Form

Please fill in this application form using BLOCK CAPITALS and black ink.

Section 1: Personal details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td></td>
<td>Sex:</td>
</tr>
<tr>
<td></td>
<td>Home phone number:</td>
</tr>
<tr>
<td></td>
<td>Other phone number:</td>
</tr>
<tr>
<td>Postcode:</td>
<td>CHI (community health index) or hospital reference number (if known):</td>
</tr>
</tbody>
</table>

If the person this access request is about has changed their name or lived at a different address during the periods of treatment you are interested in seeing information about, please provide these details.

<table>
<thead>
<tr>
<th>Previous last name:</th>
<th></th>
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<tbody>
<tr>
<td>Previous address:</td>
<td></td>
</tr>
<tr>
<td>Dates from and to:</td>
<td></td>
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</tbody>
</table>

Section 2: NHS contacts

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the healthcare professional in charge of the patients’ care for each period of treatment in the ‘healthcare professional’ column.

<table>
<thead>
<tr>
<th>Name/s of Hospitals Attended</th>
<th>Ward, clinic, department, specialty or service</th>
<th>Name of healthcare professional (if known)</th>
<th>Dates from</th>
<th>Dates to</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Data Protection Act 1998 – Subject Access Application Form

Section 3: Any other information

Give details in the box below of any further information you think may be helpful to us.

Please put an X in the appropriate box to show the format you would like the information: (discuss this with staff if you are not sure).

- View original records only
- Provide a copy

Please note your records may hold many paper copies of laboratory results which contain figures and letters which may be understood only by a clinical person. Providing a copy of these reports may increase the cost you have to pay. If you wish us to provide copies of results please put an X in the box below. (Please note you will routinely be provided with copies of x-ray /scan reports as these are typed reports)

I wish to receive copies of laboratory results

If a copy of any part of the record is required following a viewing, these will be sent to you within 5 working days of the viewing.

Section 4: Declaration

You must sign this section and get it counter signed (see section 7). The countersignatory must be present when you sign.

Releasing Information

Keeping personal information confidential and secure is extremely important to us. Please note we will send copies of information by recorded delivery post unless otherwise advised.

If you choose to collect the information in person we will require to see two forms of identification from you, including one which has your photograph on (for example, your passport, driving licence, or bus pass).
Data Protection Act 1998 – Subject Access Application Form

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection Act 1998.

Signature: _______________________________ Date: __________________________

I am the person named in section 1. (Go to section 7).

If you are not the person named in section 1 please tick the appropriate box below:

- I have been asked to act on behalf of the person named in section 1, and that person has completed section 6. (Please go to sections 5 & 7) □
- I am the parent or guardian of the person named in section 1, and that person is under 16 years old and has completed section 6.* (Please go to sections 5 & 7.) □
- I am the parent or guardian of the person named in section 1, and that person is under 16 years old and is not able to understand the request. (Please go to sections 5 & 7) □
- I have been appointed by the court to manage the affairs of the person named in section 1 and enclose proof of this. (Please go to sections 5 & 7) □

*Please note: We will presume children can understand the nature of the application if they are aged between 12 and 16, however, we will consider all cases individually.

Section 5: Details of the person acting on behalf of the person applying

You must fill in this section if you are not the person named in section 1.

<table>
<thead>
<tr>
<th>Name: (Please print)</th>
<th></th>
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<tbody>
<tr>
<td>Address and postcode we should send a reply to:</td>
<td></td>
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<tr>
<td>Contact phone number:</td>
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</table>
Section 6: Permission

You must fill in this section if you are the person named in section 1 and you have given the person named in section 5 permission to act on your behalf.

I give NHS Greater Glasgow & Clyde permission to give _____________________________ (enter the name of the person acting on your behalf) any personal information about me. I have given them permission to act on my behalf.

Signature: ______________________________________   Date: ______________________

Section 7: Countersignature

You must fill in this section if you need to confirm the identity of:
- the person named in section 1;
- the parent or guardian of the person named in section 1 who is under 16 years old and not able to understand the request; or
- the person appointed by the court to manage the affairs of the person named in section 1.

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information. Please note the counter signature should not be a member of your family.

Any of the following can sign.
- Member of Parliament
- Member of the Scottish Parliament
- Justice of the Peace
- Minister of religion
- Professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
- Bank employee
- Civil servant
- Police officer

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration (section 4). You do not need to see the rest of the form.

In some cases, we may ask the person applying for more documents as proof of their identity.

I (write your full name) _____________________________ confirm that I have known (name of the person applying) _____________________________ for _______ years, and I was present when they signed the declaration.
Data Protection Act 1998 – Subject Access Application Form

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<table>
<thead>
<tr>
<th>Full name:</th>
<th>Profession (e.g. teacher):</th>
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</table>

<table>
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<thead>
<tr>
<th>Postcode:</th>
<th>Phone number:</th>
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Notes to help you fill in the form

**Personal information**
Personal information is information we hold in health records, patient administration and information systems, clinical systems, and other databases or files. We may hold personal information on paper and/or on computer.

**Health professionals**
An appropriate health professional may include your hospital doctor, nurse, midwife or health visitor, dentist, optician, pharmacist, clinical psychologist, occupational therapist, dietician, physiotherapist, podiatrist or speech and language therapist.

**Type of records asked for**
The Data Protection Act 1998 covers both manual (paper) and computerised records. Manual records include all your paper health records. Some information about your care may also be held on computer. This will vary from hospital to hospital.