Fareham and Gosport WES

Primary Care Trust

Unit 180, Fareham Reach 166 Fareham Road Gosport PO13 OFH

> Tel: 01329 233447 Fax: 01329 234984

Code A

Our Ref: FC/LD

8th May 02

Dear Code A

I am writing further to our telephone conversation today enclosing an access request form for the health records of your late husband, Mr Stanley Eric Carby. I would be grateful if you could complete and return this in the stamped addressed envelope provided in order that we might progress your request

I appreciate that this is an extremely stressful time for you and your family. We would be very happy to help in any way we can in order that you are able to pursue your concerns. In some instances, it can be helpful for relatives to meet with medical and nursing staff to discuss the concerns that they have. If you think that you would find this helpful, please do not hesitate to contact me as I would be happy to make the necessary arrangements.

Yours sincerely

lan Piper Chief Executive

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Access request recid today 10/5/02.
Passed to Code A
Who will my Code A
Code A W/C 13/5 to
Corrange a convenient
Time to voi record

Fareham and Gosport NFS

Primary Care Trust

SAMPLE SUBJECT ACCESS REQUEST FORM

1. Details of person requesting the information
FULL NAME
ADDRESS
TEL.NO FAX NO
2. Are you the Data Subject (patient?)
Yes: If you are the Data Subject please supply evidence of your identity i.e. driving licence, birth certificate etc. and a stamped addressed envelope for returning the document. (Please go to question 5.)
No: Are you acting on behalf of the Data Subject with their written authority? If so, that authority must be enclosed (Please complete questions 3 and 4)
3. Details of the Data Subject (if different to 1.)
Full name
Address
Tel no
Fax
4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.
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POLICY NO. OPR/D1

5. Please describe the information you seek together with any other relevant information e.g. Hospital attended, ward attended, etc. This will help to identify the information you require.
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The Trust is allowed to charge for each application. The current fee is £10
Declaration: To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.
I certify that the information given on
this application form to Portsmouth HealthCare NHS Trust is true. I understand that it is necessary for the Trust to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.
Signature
Date
Note: The period of 40 days in which the organisation must respond to the request will not commence until it is satisfied upon these matters.
Please return the completed form to The Local Data Protection Co-ordinator at
Documents which must accompany this application:
a) Evidence of your identity
b) Evidence of the data subject's identity (if different from above
c) The fee of £10
d) Stamped addressed envelope for the return of proof of identity documents



