

AT

GWH
Rie.**Private & Confidential****Code A**

Operation Rochester
12-18 Hulse Road
Southampton
SO15 2JW

Dear **Code A**

Following our conversation today 22nd January, I am enclosing the Data Subject Access Request Form relating to Mrs Sylvia Tiller. This lady's medical notes are now in your possession and as I understand it, you will make contact with **Code A** **Code A**, the granddaughter, in order to comply with her request for access to these records. I would be grateful if you could let me know once you have made contact with **Code A**.

I am also enclosing the Data Subject Access Request Form from **Code A** relating to Mrs Kathleen Melita Ellis. I understand that this lady's notes are already in your possession and would be grateful in you could confirm once you have made contact with **Code A**.

Many thanks for dropping in this morning. It is always useful to put a face to a name. Please do not hesitate to contact me if I can be of any assistance to you.

Yours sincerely

Fiona Cameron
Operational Director Quality & Community Services

12/1/03 pm

DATA SUBJECT ACCESS REQUEST FORM

1. Details of person requesting the information

FULL NAME.....

ADDRESS.....

Code A

TEL NO.....

Code A

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)

For access to records relating to the deceased, applications may be received from the patient's representative (eg next of kin, solicitor). You may be asked to provide further information in this respect.

3. Details of the Data Subject (if Different to 1)

FULL NAME.....

MRS SYLVIA TILLER

ADDRESS.....

DECEASED

TEL NO.....

FAX.....

4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.

GRANDDAUGHTER

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.

All information from 1994 up until her death at Gosport War Memorial hospital in December 1995.

Declaration: To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.

I, Code A certify that the information given on this application form to Fareham and Gosport Primary Care 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... Code A

Date... 23/10/02

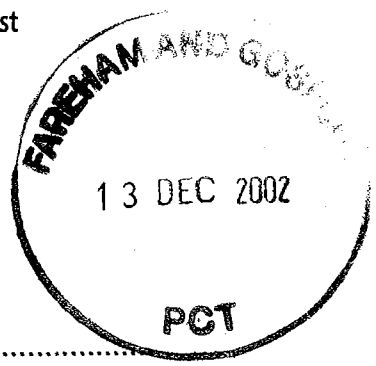
The period of 40 days in which the organisation must respond to the request will not commence until it is satisfied upon these matters.

If you would like someone to go through the medical records with you this can be arranged.

Please return the completed form to Mrs Ann Turner, Complaints Manager, Fareham and Gosport Primary Care Trust, Unit 180 Fareham Reach, 166 Fareham Road, Gosport. PO13 0FH

Documents which must accompany this application:

- a) Evidence of your identity
- b) Evidence of the Data Subject's identity (if different from above)
- c) Stamped addressed envelope for the return of proof of identity documents



DATA SUBJECT ACCESS REQUEST FORM

1. Details of person requesting the information

FULL NAME.....

ADDRESS.....

.....

.....

.....

.....

TEL NO. Code A.....

FAX NO.....

Code A

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)

For access to records relating to the deceased, applications may be received from the patient's representative (eg next of kin, solicitor). You may be asked to provide further information in this respect.

3. Details of the Data Subject (if Different to 1)

FULL NAME KATHLEEN MELITA ELLIS.....

ADDRESS AS ABOVE; THEN.....

AT TIME OF DEATH. 'MERLIN PARK CARE HOME'.....

1, FORT ROAD.....

GOSPORT.....

TEL NO.....

FAX.....

4. Please describe your relationship with the Data Subject that leads you to make this request for information on their behalf.

SON.

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.

GOSPORT WAR MEMORIAL HOSPITAL

DEADELUS WARD

Declaration: To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.

I, Code A certify that the information given on this application form to Fareham and Gosport Primary Care 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 Code A

Date..... 10/12/02

The period of 40 days in which the organisation must respond to the request will not commence until it is satisfied upon these matters.

If you would like someone to go through the medical records with you this can be arranged.

Please return the completed form to Mrs Ann Turner, Complaints Manager, Fareham and Gosport Primary Care Trust, Unit 180 Fareham Reach, 166 Fareham Road, Gosport. PO13 0FH

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