

15 January 2003

**Code A**

Dear **Code A**

I acknowledge receipt of your request to access the medical records of your late mother which was received in my office on 10<sup>th</sup> January. Please find returned copy of Certificate of Death and your driving licence with thanks.

Your request will now be dealt with as quickly as possible. However, it may take up to 40 days to provide you with the information you request.

If you have any queries in the meantime please do not hesitate to contact me.

Yours sincerely

Ann Turner  
Complaints Manager

**DATA SUBJECT ACCESS REQUEST FORM**

**1. Details of person requesting the information**

FULL NAME... **Code A** .....

ADDRESS... **Code A** .....

**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) THE LATE .**

FULL NAME... **MRS. LILIAN MADELENE TAYLOR.** .....

ADDRESS... **Code A** .....

.....

TEL NO. **N/A** .....

FAX.....

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

DAUGHTER

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.....  
.....  
.....

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.

DISCHARGE SUMMARY FROM HASLER HOSP.  
(JAN/FEB 2000) TO WAR MEMORIAL HOSP.  
GOSPORT -> SULTAN WARD.  
ENTRIES INTO NOTES FROM WAR MEMORIAL  
HOSP UNTIL DEATH.

**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 21/12/02

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

**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

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