

Fareham and Gosport 
Primary Care Trust

Unit 180, Fareham Reach
166 Fareham Road
Gosport
PO13 0FH

Telephone: 01329 229408
Fax: 01329 234984

www.hiow.nhs.uk

Code A

6 January 2003

Code A

Dear **Code A**

I acknowledge receipt of your evidence of identity and return the documentation.

Your request will 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

Code A

Asst Complaints Manager

DATA SUBJECT ACCESS REQUEST FORM

1. Details of person requesting the information

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

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..... *EDITH LILIAN BROADBANK (Deceased)*

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

Date of Birth..... **Code A**

TEL NO.....

FAX.....



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

Data Subject is my late mother who died on February 9th 2000 at The Gosport War Memorial Hospital. Ref- investigation into patient care & treatment

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.

Information required - medical records eg. medication given, hospital notes, tests/results etc. Admitted 8th February 2000 to the Gosport War Memorial Hospital died 9th February 2000.

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... 2-1-03

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 BIRTH + MARRIAGE CERTIFICATES
- b) Evidence of the Data Subject's identity (if different from above) DEATH CERTIFICATE
- c) Stamped addressed envelope for the return of proof of identity documents

Code A

DATA SUBJECT ACCESS REQUEST FORM

1. Details of person requesting the information

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

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

TEL NO. **Code A**

FAX NO.....

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

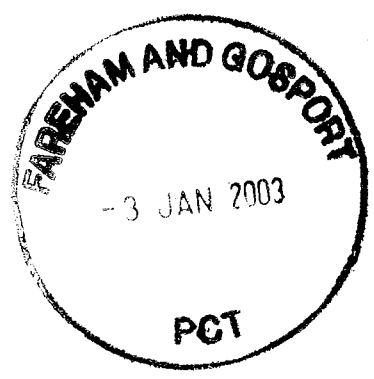
FULL NAME..... *EDITH LILIAN BROADBANK* (*Deceased*)

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

Date of Birth **Code A**

TEL NO.....

FAX.....



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

Data Subject is my late mother who died on February 9th 2000 at The Gosport War Memorial Hospital.
Ref: investigation into patient care & treatment

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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Admitted 8th February 2000 to the Gosport War Memorial Hospital died 9th February 2000

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.

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