

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



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

## Fareham and Gosport Primary Care Trust

#### DATA SUBJECT ACCESS REQUEST FORM

Code A

1. Details of person requesting the information

FULL NAME	-	Code A	
ADDRESS			
	Coc	$\triangle$	
	000		<b>1</b>
TEL NO.	Code A	<u> </u>	
FAX NO			
2. Are you the	Data Subject (Patient)?		
licence, birth cer document. (Plea	tificate etc. and a stamp se go to question 5)	ed addressed er	of your identity i.e. driving velope for returning the
No: Are you acti	ng on behalf of the Data ist be enclosed (Please	Subject with the complete quest	ir written authority? If so, tions 3 and 4)
the patient's rep	cords relating to the dec resentative (eg next of k on in this respect.	eased, application in, solicitor). You	ons may be received from u may be asked to provide
3. Details of the	e Data Subject (if Diffe	rent to 1)	
FULL NAME	EDITH LILL	an Bron	Deceased)
ADDRESS		_ ^	
	Coa	e A	
Date of	Buth Code	Α	
TEL NO			MAM AND GOS
FAX			3
1			-3 JAN 2003
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			PEI

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 nother who
died an February 9th 2000 at The Gosport
War Momorial Morpital
Mar Memorial Morpital.  Let- investigation into patient care e 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.
Insormation required - medical records eg.
medication given, hospital notes, leots results
Admitted 8th February 2000 to the
COSPORT WAR MEMORIAL HOSPITAL died 9th Fe
<b>Declaration:</b> To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.
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
Date2 - 1 - 0 3
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 Bilth & 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

### Fareham and Gosport Primary Care Trust

### **DATA SUBJECT ACCESS REQUEST FORM**

1. Details of person requesting the information	·
FULL NAME Code A	
ADDRESS	
Code A	•••••
<b>GUUE A</b>	••••••
TEL NO Code A	
FAX NO	
	:
2. Are you the Data Subject (Patient)?	
Yes: If you are the Data Subject please supply evidence of licence, birth certificate etc. and a stamped addressed env document. (Please go to question 5)	your identity i.e. driving — elope for returning the
No: Are you acting on behalf of the Data Subject with their that authority must be enclosed (Please complete question)	written authority? If so, ons 3 and 4)
For access to records relating to the deceased, application the patient's representative (eg next of kin, solicitor). You further information in this respect.	s may be received from may be asked to provide
3. Details of the Data Subject (if Different to 1)	
FULL NAME EDITH LILIAN BROWN	SANK (Deceased)
ADDRESS	
Code A	
Date of Burth Code A	
TEL NO	WHAM AND GOOD
FAX	
	-3 JAN S003
	700

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make this reque	est for information on the	th the Data Subject that leads you to eir behalf.	
Data Su	byod in mi	g late mother who	
died an	February 9	the 2000 at The Jorport	
1 h . Ma	sonil Horachal	/	
Ref-inv	entigation into	patient care o treatment	
information e.g.	. Hospital attended, ward vou require.	seek together with any other relevant d attended etc. This wili help to identify	
Informati	on required	- medical records eg.	
medicati	on given.	hospital sotes, lests perults	
Admitted	8 th Febra	199 2000 to the	
GOSPORT	WAR Memorena	MOSPITAL died 9th Fe	
		***************************************	
Declaration: To	be completed by all appliult in prosecution.	icants. Please note that any attempt to	
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information diver	on this application form	o Farenam and Gosport Primary Care	
Trust is true. I ur Subject's identity order to locate the	nderstand that it is necess and it may be necessary ne correct information.	to obtain more detailed information in	
Signature	Code A		
Date 2 - /	-03		
will not comme	nce until it is satisfied u		
be arranged.		h the medical records with you this can	
Please return the and Gosport Prii Gosport. PO13	mary Care Trust, Unit 180	Ann Turner, Complaints Manager, Fareham Fareham Reach, 166 Fareham Road,	
	ich must accompany thi		
a) Evidence of your identity Bieth & MARKING 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