

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)? I AM THE DAUGHTER OF THE DECEASED. (NEXT OF KIN)

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..... MR ALBERT EDWARD COOPER (DECEASED)

ADDRESS..... FORMERLY OF: Code A

Code A

TEL NO..... (AS ABOVE)

FAX.....

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

I WOULD LIKE TO GO THROUGH, MY DADS MEDICAL RECORDS. FOLLOWING HIS DEATH, AND TREATMENT. THAT HE RECIEVED. IN MARCH APRIL 1998. FROM HASLAR, TO THE GOSPORT WAR MEMORIAL, WHERE HE DIED. AND I STILL REMAIN,

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.

I WOULD LIKE TO KNOW, ABOUT MY DADS STAY, IN HASLAR. AND TREATMENT RECIEVED (WARD 44.) THROUGH TO HIS TRANSFER, TO GOSPORT WAR MEMORIAL. ON MARCH 25TH 1998 DAEDALUS WARD. UNTIL HIS UNTIMLY DEATH ON

APRIL 6 1998

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: 12. 11. 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. (YES I WOULD LIKE SOMEONE TO HELP, THAN

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

YOL

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

P.D. No need to return my photo copy's. You may keep these.

[Code A]

B. Carl



RECEIVED
13 NOV 2002

November 12th
"02"

Dear Sir or Madame,

Please find enclosed. Access request form. Completed. With proof of ID. I would be happy if you would be so kind. As to let me know. How long. I will have to wait. Before, I will be able to view the records.

And, I would be very grateful if someone. Would be able. To help me. To understand them. When the time comes. In the meantime. Is there anything else. That I need to do. While I am waiting?

Thank you, for all your help.

Yours faithfully,

Code A

Code A

Code A

Code A