

## Application for Access to Personal Information

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

**(PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK)**

### Section 1: Particulars of Person whose information is requested

<b>Surname</b>		<b>Forename</b>		
<b>Address</b>	<b>Date of Birth</b>		<b>Sex</b>	<b>Male / Female</b>
	<b>Telephone No - Home</b>			
	<b>Telephone no – Other</b>			
<b>Postcode</b>		<b>NHS Number (if known)</b>		

If name and/or address were different from the above during the period(s) to which your application relates, please give details:

<b>Previous Surname</b>	
<b>Previous Address</b>	
<b>Dates from / to</b>	

### Section 2: Description of the Information you require (note 2)

Please provide as much information as possible. Give full details of all the periods you are interested in. Please add any additional comments below.

<b>Types of Information Required</b>	<b>Dates</b>
<b>Comments</b>	

**Section 3: Type of Records Requested (Note 3)**

Please specify your preference by placing a tick (✓) in the appropriate section(s) – please discuss with staff if you are unsure.

Details	Manual (Paper)	Electronic
View Original Record Only		
Photocopy or Print out Only		
View Original Records and receive photocopy		

**Section 4: Declaration (Note 4)**

**I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the personal information referred to above under the terms of the Data Protection Act 1998.**

<b>Applicant's Name (Please Print)</b>	
<b>Address to which reply should be sent (if different from above) including postcode</b>	
<b>Signature of Applicant</b>	

(If you are not the person named in Section 1, please tick (✓) one of the following boxes)

- I am the parent/guardian of an individual under 16 years old who has completed the Authorisation section (Section 5)
- I am the parent /guardian of an individual under 16 years old who is unable to understand the request / has consented to my making this request
- I am the deceased patient's personal representative and attach confirmation of my appointment by a court to manage the patient's affairs
- I am the legal representative of the individual, and he / she has given signed authorisation (Section 5)
- Other (please specify)

(Note: The Access to Health Records Act 1990 still applies in the case of access to the records of deceased patients.)

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**Section 5: Authorisation (Note 5)**

I hereby authorise Cumbria Partnership NHS Foundation Trust to release any Personal Data they may hold relating to me to ..... (enter the name of the person acting on your behalf), to whom I have given consent to act on my behalf.

Signature of Applicant..... Date.....

**Please return this application form to:****a. for Health Records only to:****Information Rights Manager**

Access to Records department  
Information Governance Department  
Maglona House  
Kingstown Broadway  
Carlisle  
CA3 0HA  
Tel No. 01228 60 3742/3930

Email: [Accesstorecords@cumbria.nhs.uk](mailto:Accesstorecords@cumbria.nhs.uk)

**b. for Human Resources (staff) records only to:**

Head of Human Resources  
Maglona House  
Kingstown Broadway  
Carlisle  
CA3 0HA

**c. for other queries:**

Freedom of Information and Data Protection Officer  
e-mail: [information.governance@cumbria.nhs.uk](mailto:information.governance@cumbria.nhs.uk)

(End of Application Form)

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## Information on applying for access:

The Data Protection Act 1998 gives you a statutory right of access to your personal records (paper or computer). In certain circumstances your records or part of your records may be withheld under the terms of the Act, but if that is the case this will be discussed with you.

- You may wish to authorise someone else to make an application on your behalf.
- If you have parental responsibilities you may make an application to see your child's notes (see guidance note 5).

### Proof of Identity

You must provide two types of identification. These may be:

- Birth Certificate
- Passport
- Driving licence
- Medical Card
- Staff ID badge (for members of staff only)

In addition, proof of address must be provided e.g. bank statement, utility bill, Tax certificate. Originals must be produced when collecting your information. If you wish to have information sent out to you, photocopies of identification information may be sent to the Trust, but must be verified by a "person of standing" e.g. employer, doctor.

### Health records

If you wish to learn more about your health care, you can discuss this with health service staff during your consultation or treatment and you can ask to see your health records at that time. However, in order to benefit from the full provisions of the Data Protection Act a formal application in writing is necessary.

### Fees Payable

For access to information written more than 40 days before the date of your application, a fee of up to £50 is payable for each access request to data held (Information written within 40 days is free). You will be notified of the charge once we have received your application.

Information will not be released until the relevant fee has been paid. (Please see attached the Trust's fees schedule for further details).

### Timescale

The Trust will deal with your request promptly, and in any event the records will be sent to you within 40 days of receipt of your accurately completed form and your fee. If we encounter any difficulties in locating your data we will keep you informed of our progress.

### Complaints

If you wish to complain about any aspect of the manner in which your access request was handled, in the first instance you should submit your complaint in writing to:

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**The Customer Services Manager, Cumbria Partnership NHS Foundation Trust, Carleton Clinic, Cumwhinton Drive, Carlisle, CA1 3SX;** where it will be dealt with through the NHS Complaints Procedure. If you are still not satisfied with the response you receive you may refer your complaint to an independent arbiter such as the Health Service Commissioner or the Information Commissioner: (e-mail:[mail@ico.gsi.gov.uk](mailto:mail@ico.gsi.gov.uk)).

## Notes to assist in the completion of the form

### Applicant's Details (Note 1)

Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the data relating to you. This is particularly important if your name and/or address have changed since the period to which your application refers.

### Description of the Information you require (Note 2)

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your personal information. However, **if you wish** to complete as much of this section as you can, it will help us to find your details with the minimum of delay. While you are entitled under The Data Protection Act 1998 to receive all the data we hold about you, you may wish only to receive information relating to one or more specific time periods, or types of documents. If this is the case please specify in the "*comments section*" provided or discuss with the person giving access.

### Type of Records requested (Note 3)

The Data Protection Act 1998 covers both manual (paper) and electronic records. Please mark which type of record you wish access to. If you wish to receive photocopies these will be sent out to you within the allocated timescales specified by the Act.

### Declaration (Note 4)

The person making the application must complete this section.

a) If you are the applicant, please sign section 4

b) If you are completing this application on behalf of another person, in most instances, the Trust will require authorisation before we can release the data to you. The individual whose information is being requested should be asked to complete the "Authorisation" section of the form. (Section 5)

c) If the patient is a child i.e. under 16 years of age, someone with parental responsibilities may make the application; in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application his/her consent should be obtained or alternatively the children may submit an application on their own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. All cases will be considered individually.

### Authorisation (Note 5)

The individual whose information is being accessed must complete this section, authorising the Trust to release information to the named applicant.