**Private and Confidential**

**Manchester University NHS Foundation Trust**

**Subject Access Request Team**

**C/O** **Manchester Royal Infirmary**

**Oxford Road**

**Manchester**

**M13 9WL**

Email: SAR.MFT@mft.nhs.uk

Date:………….

Dear …………….

RE: SUBJECT ACCESS RQUEST

Access to health records Request- GDPR 2018 - Proof of Identity Required

Thank you for your request.

Can you please complete the attached Subject Access form and return with the required copy ID.

The Trust will provide a copy of the information free of charge within one calendar month. If we are unable to provide the information within that time period, we will let you know before the end of the month and explain why an extension is necessary.

If in the meantime you require any further assistance relating to this request, please do not hesitate to contact the Subject Access Department at the above address or email.

Yours sincerely

Subject Access Request Team

Release of Information



[**www.mft.nhs.uk**](http://www.mft.nhs.uk/)

Manchester University NHS Foundation Trust incorporates: Manchester Royal Infirmary, Manchester Royal Eye Hospital, Royal Manchester Children's Hospital, Saint Mary's Hospital, University Dental Hospital of Manchester, Trafford Hospitals and Community Services, Altrincham General Hospital and Wythenshawe Hospital & North Manchester General Hospital



PLEASE RETURN COMPLETED FORM TO:

Subject Access Request Office– postal address

c/o Medical Records Department,

Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL

Email: [SAR.MFT@mft.nhs.uk-](mailto:SAR.MFT@mft.nhs.uk-) Tel:0161 291 5176/5194

Postal requests: 0161 276 4019/701 1316

**Right of Access - Subject Access Request Form: PART 1**

**If you are the patient requesting access to your own records, please complete part 1 only.**

**If you are NOT the patient but are applying on behalf of the patient, please complete Parts 1 and 2.**

**Part 1- Patient details**

|  |  |
| --- | --- |
| (please print all details and use dark ink)  Title (i.e. Mr/Mrs/Miss/Ms)  Full Name  Former Name(s)  Date of Birth  NHS Number/District Number  Current Address  Mobile Telephone number  Email Address  Former addresses (if applicable - use separate sheet if necessary) | ………………….………………………………………….  ……………………………………………………………..  ……………………………………………………………..  ……………………………………………………………..  ……………………………………………………………..  ……………………………………………………………..  ……………………………………………………………..  ………………………………………………....................  ……………………………………………………………..  …………………………………………………………….. |

I am applying for **access to** **view my health records in : paper copies / electronic copies**

(please delete as appropriate)

Identification **(photocopies only).** We cannot process your application without proof of identity.

Please indicate which of the following identification documents are enclosed

Photo Driving Licence **OR** Passport/Birth Certificate

**And** additional proof of address e.g. utility bill

I am applying to access my health records held at:

Hospital(s) attended:…………………………………….…………………………………………………

Department/Ward/Clinic:………………..…………………………………………………………………

All or Specific Date:……………………………………..Xray(s) only:…………..…………………….

Signed………………………………………………… Date ……………………………….…………..

**If you are not the patient, but are applying on behalf of the patient, please also complete Part 2.**



PLEASE RETURN COMPLETED FORM TO:

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Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL

Email: [SAR.MFT@mft.nhs.uk](mailto:SAR.MFT@mft.nhs.uk). Tel: 0161 291 5176/5194

Postal requests: 0161 276 4019/701 1316

**Right of Access - Subject Access Request Form: PART 2**

***Relative / Guardian / Representative acting on behalf of the patient***

Please state your relationship to the patient .…………………………………………………………………...

(please attach copies of all relevant legal documentation where applicable)

Your Name ………………………………………………………………………………………………………….

Your Address………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………..

Please state briefly the reason why this application is being made by you …………………………………

………………………………………………………………………………………………………………..……...

..………………………………………………………………………………………………………………………

Your Signature………………………………………………………………………………………………………

Name (in block capitals) …………………………………………………………………………………………...

Identification **(please only send photocopies)**. We cannot process your application without proof of identity.

Please indicate which of the following identification documents are enclosed

Photo Driving Licence **OR** Passport/Birth Certificate

**And** additional proof of address e.g. utility bill

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**The Patient Consent section below must be completed and signed by the patient where appropriate, in order that the Trust can release the information requested.**

I (the patient) give permission for the individual named below to submit this request on my behalf, and for all correspondence to be sent to them.

Patient Name (in block capitals) ..……………………………………………………………………………………..

Patient Signature ……….……………………………………………………………………………………………….

Name of the person acting on behalf of the patient ……….…………………………………………………………

Address of person acting on behalf of the patient ……………………………………………………………….…..

………………………………………………………………………. Postcode…………………………………………

Relationship to patient…………………………………………………………………………………………………..



**Right of Access**

**Subject Access Request Form - Guidance Notes**

**IMPORTANT: Please read these notes before you proceed with completing the form.**

**How do I access my medical records and/or personal information?**

The Data Protection Act gives living individuals the right to apply for access to their records.

Requests can be made, directly to the Subject Access Request (SAR) Team in writing or verbally and can be sent via post or electronically via email.

You can arrange for your representative to apply for access to your records in certain circumstances, for example if they have Power of Attorney regarding your health.

You can provide written authorisation for a solicitor or other legal representatives to apply for access to your records.

To apply for the records of a deceased patient, you will be required to provide proof of being: Executor of the will, Administrator of the estate or have a claim arising out of the patients death.

**How much will this cost?**

The Trust will provide a copy of the information free of charge; however, we reserve the right to charge a “reasonable fee” when a request is manifestly unfounded or excessive, particularly if it is repetitive.

**How long will the request take?**

The Trust will provide a copy of the information within one calendar month. If we are unable to provide the information within that time period, we will let you know before the end of the month and explain why an extension is necessary.

**Can I have copies of all my records?**

There may be certain circumstances in which we may withhold information. Access to information may be denied or limited, where the information may cause serious harm to the physical or mental health of the patient, or any other person, or where given access would disclose information relating to, or provided by a third person where authority to disclose the information cannot be provided. We will advise you if information has been withheld and explain why this is necessary.

**Who can I contact if I have any other questions?**

If you have any queries regarding your request, or need help completing the form, please contact the Subject Access Request Team directly. Contact details can be found at the top of the Subject Access Request form.

Finally, please ensure that you have entered all the required information, provided proof of identity and have completed and signed the consent section in Part 2 where appropriate.