



**APPLICATION FOR ACCESS TO PERSONAL DATA HELD BY  
ST OSWALD'S HOSPICE  
(INCLUDING HEALTH RECORDS)**

**DETAILS OF THE RECORD TO BE ACCESSED**

**Data Subject's Details:**

Surname	
Forename(s)	
Date of Birth	
Address	
Post Code	

NHS Number (if health records)	
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**Details of Person making the request (if different to the data subject)**

Surname	
Forename(s)	
Date of Birth	
Address	
Post Code	
Relation to Data Subject	

**Please tick appropriate box below to indicate your right to access the data:**

<input type="checkbox"/>	I am the data subject
<input type="checkbox"/>	I have been asked by the Data Subject to act on their behalf and am providing the data subjects written authority to demonstrate this
<input type="checkbox"/>	I am acting in loco parentis and the Data Subject is under age 16 and is incapable of understanding the request/has consented to my making this request.
<input type="checkbox"/>	I am authorised by a Court of Law
<input type="checkbox"/>	I am the personal representative of a deceased patient, and I am applying for access to the patient's health record
<input type="checkbox"/>	I have a claim arising from the death of a deceased patient and I am applying for access to the patient's health record

**Details of application:**

Please provide details of the record(s) held that you wish to access, e.g. Health Record, HR Record, emails etc. Please provide any information which will help us to identify the record/relevant part of the record, e.g. name of doctor or clinician, illnesses, dates etc. You may also provide details of the reason you require access to the information if you wish.

**Contact Details**

Please provide contact details in the event that we need to discuss the application with you. Please also provide an address for the records to be sent to either by email or by post, as you prefer.

Telephone	
Email Address ( <i>all emails containing personal data will be sent securely</i> )	
Postal Address if different to above	

**Declaration** (to be completed by Applicant)

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 data referred to on this application form under the terms of the UK General Data Protection Regulations 2018 or the Access to Health Records Act 1990 and that any information accessed by me regarding this application will be treated in the strictest of confidence.

Applicant's Signature ..... Date: .....

Please note that the information provided on this form is held on a request log for the purpose of dealing with the request. It will not be shared with any third party. Where appropriate, you may be asked to provide proof of identity before we can share this information with you.