



Subject Access Request Form (Request for personal data)

You are currently entitled to receive this information under the Data Protection Act 2018 (DPA) and the EU General Data Protection Regulation (GDPR), which came into effect on 25 May 2018.

ABOUT THIS FORM

All requests for personal information must be in writing. This information may be held on computer, in a manual paper system, video, digital image, photograph, x-rays, email, text message or by any other new or existing medium or media. Under GDPR, this is called a Subject Access Request (SAR).

This form aims to make the process easier for you if you want to make a request for information that Harrogate Dental Care holds about you, for us to release records, we need to have proof of ID and assure ourselves of the legitimacy of the request. Harrogate Dental Care is not obliged to comply with a request unless we are supplied with such information as we may reasonably require satisfying ourselves of the identity of the requestor. There is no fee to pay for a first request. Subsequent requests may carry a charge.

STATUTORY DEADLINE

We will respond to your request within the statutory calendar month upon receipt of valid proof that you have legitimate rights to access the data.

HOW TO SUBMIT YOUR APPLICATION

You can submit your application in one of two ways:

1. Post this form to the address below where you received treatment:
2. Bring your documents in person to the Practice where you received treatment:

HELMSLEY SMILES
46 Bondgate, Helmsley
YO62 5EZ
Tel: 01439 771881



HOW TO COMPLETE THE FORM

Section 1: Details of the data subject (patient)

This section must be completed for all applicants. Please complete all details relating to the data subject (person about whom the information is requested)

Section 2: Details of the person acting on behalf of the data subject (representative)

This section should only be completed when the application is being submitted on behalf of the data subject on the authority of the data subject.

Section 3: Relationship of requestor to data subject

This section must be completed when application is submitted on behalf of the data subject or when requesting access to deceased patient's health records. (If required)

Section 4: Description of the information requested.

This section must be completed by all applicants. You need to specify the records/information you wish to access, providing as much details as possible. If we require further details about the information that you request, we will contact you.

Section 5: Declaration

This section must be completed by all applicants and divided in 3 parts.

- **Part A** should be completed by the data subject or legal parent/guardian.
- **Part B** should be completed when the applicant has been provided authority by the data subject-for example, if request is being submitted on behalf of a patient; we need to see proof of this.
- **Part C** should be completed when the applicant is requesting health records of a deceased patient.

Section 6: Supporting documents and identification.

Supporting identification documents must be provided for your request to be processed.



Subject Access Request Form

Please complete the application form in **BLOCK LETTERS**

Section 1: Details of the Data Subject (Patient)

Surname			
Forename(s)			
Former Names			
Date of Birth			
Hospital Number			
Current Address			
	Country		Post Code:
Previous Address			
	Country		Post Code
Telephone/Mobile No			
Email address			

Section 2: Details of the person acting on behalf of Data Subject (Patient)

Surname			
Forename(s)			
Former Names			
Date of Birth			
Hospital Number			
Current Address			
	Country		Post Code:
Previous Address			
	Country		Post Code
Telephone/Mobile No			
Email address			



Section 3: Relationship of requestor to data subject

ICO data controller registration number (if applicable):

Please tick appropriate box:

- I have been asked to act by the patient and attach the patient's written authorisation.
- I have parental responsibilities for the patient who is a minor (under 16 years old) I have attached a court order.
- I have been appointed as the Mental Capacity Advocate for this patient and wish to access copies of their records I have attached confirmation of my appointment.
- I have been appointed by a court to manage the affairs of the patient I have attached confirmation of my appointment.
- I am the deceased patient's personal representative I have attached confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim. I have attached an explanation of the claim being considered.
- Other - please state:

Section 4: Description of information requested

Please tick the appropriate box to indicate if you wish to access:

- ALL records
- Specific records regarding the treatment of a condition/illness (please state below) and the approximate date (continue a separate sheet if necessary):

Please tick ALL relevant boxes to indicate which types of records you wish to access:

- Dental records (inpatients)
- X-ray images
- X-ray reports
- Other



Please tick the appropriate box to indicate
If you would like copies of these records
Or just to view them.

I would like copies of the records.

I would like to view the records.

Section 5: Declaration

Please Complete either Part A B or

Part A: I am the data subject/legal parent/guardian of the data subject who is a minor (strike off as appropriate)

I, the undersigned declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under GDPR and the Data Protection Act 2018 for access to personal data that Harrogate Dental Care holds about me under the terms of that Act. I understand that it is necessary for Harrogate Dental Care to confirm my identity and it may be necessary to obtain more detailed information to confirm my identity and/or locate the correct information.

Full Name (Print):

Signed: _____ Date: (Print):

Part B: I am the data subject giving authority to a representative to act on my behalf.

I have been asked to act by the data subject and below is the data subject's written authorisation.

I hereby give my consent for the below named to make a Subject Access Request (SAR) on my behalf under GDPR and the Data Protection Act 2018 to Harrogate Dental Care. I am aware that it is an offence to unlawfully obtain such information- for example, by impersonating the patient. I certify that the information given in this form is true.

Full name of data subject (print): _____

Signed: _____ Date: _____

Full name of representative (print): _____

Signed : _____ Date: _____



Part C: I am requesting access to:

_____ **(full name of deceased patient)**

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under Access to Health Records Act 1990 because:

- I have a claim arising from the data subject's death and wish to access information relevant to my claim and attach details of the grounds of my claim (please provide documentary information)
- I am a personal representative.
- I am an executor.

Full name of requestor (print): _____

Signed: _____ Date (print): _____



**Section 6:
Supporting Documents and Identification**

In order to confirm your identity, you will need to send us:

- the original or a certified copy of one of the documents from the proof of identity list below
- one item from the proof of address list below

Please tick the appropriate box to indicate which document you have enclosed:

Proof of identity	Proof of address
<ul style="list-style-type: none"> • Current passport • Current photocard driving licence a Current EU driving licence. • HM Forces ID card 	<ul style="list-style-type: none"> • Utility bill (no more than 3 months old) • Council tax bill for current year • Current benefit book or card, or original • notification from the Department of Work and Pensions confirming rights to benefits. • Recent bank statement (no more than 3 months old)

For deceased patients only:

In addition to providing evidence of his/her identity, the applicant is required to provide evidence as indicated below. Please tick the appropriate box to indicate which documents) you have enclosed:

- Executor of the will: Copy of the last will executed by the deceased person, certified by a solicitor, showing the applicant named as executor.
- Letters of Administration: Copy of such letters, certified by a solicitor, naming the applicant as having been granted letters of administration in respect of the deceased's estate.
- Details of the grounds of a claim which the applicant is entitled to make, arising from the death of the deceased data subject.