

Subject Access Requests in accordance with the Data Protection Act 1998

How to apply for access to information held by the Trust

YOUR RIGHTS

Subject to certain exemptions, you have a right to be told whether any information is held by the Trust about you and to a copy of that information. The Trust will only release this information when we are satisfied as to your identity. The Trust does not have to give you any information identifying someone else, unless that person agrees. If you think that information might be held about you which may identify another person, you may want to get that person's agreement to you being given information and send it with your application.

THE TRUST AND ITS RESPONSIBILITIES.

The Trust holds personal information about you relating to you as a patient. We use this information so that you receive the care, information advice, treatment and support that is right for you. Information about you, the services you receive and your family background may be recorded, either on paper or computer files as part of providing you with health and social care services.

To access more information about the way we hold information a leaflet can be obtained by us at dpo@ulh.nhs.uk or requesting it from the Health Records Department, at your local hospital.

GUIDANCE TO FILLING IN THE APPLICATION FORM

Page 2:

The Trust is continuously trying to keep information held on our systems accurate and up to date. This is one opportunity where we as a Trust can achieve this.

Page 3:

The Trust holds a vast amount of information and at times it can be difficult to locate the information you require. Please enter as much information to help us find the information you require. The Trust may charge a fee for this and details of our current charging system are on page four of this form. There will be no charge should you wish to view your record.

Page 4:

The declaration made by you is confirming that the information that you have given is correct to the best of your knowledge. Once payment has been received the process to find the information you have requested can commence. Sometimes the Trust may need to contact you to confirm/clarify details regarding your request.

The Data Protection Act 1998 requires the Trust to comply with requests for information within 40 days. However it is Department of Health and Trust policy to comply within 21 days and the United Lincolnshire Hospitals Trust makes every effort to comply.

Personal Details

PLEASE USE CAPITAL LETTERS AND BLACK INK

Tick as appropriate Mr Mrs Miss Ms

Other Title Rev, Dr, etc.

Surname/family name

First names/forenames

Maiden/former names

Sex (tick box) Male Female

Date of Birth

Age of Child if under 16 years old

NHS Number

E Mail Address
(If you want to be contacted via E Mail)

Home Address

<input type="text"/>	<input type="text"/>
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Address at time of treatment if different from above

Treatment Address

The information you have supplied for current address, etc. above may be used by the Trust to update your current name and address details on our patient computer system in order to help us in giving you the best possible healthcare

Third Party Request

Name and address of person requesting information and whom it is to be sent to if not the applicant (Data Subject).

Post Code:

Tel No:

I confirm that by ticking the above box that the information I am applying for will be sent to the person/s nominated above.

TO HELP US FIND YOUR INFORMATION

Failure to assist us with your request may result in a time delay. Please be advised that if you request a full copy of your medical records, including X Rays, you will be charged the maximum amount regardless of whether the Trust holds any X Rays. Therefore it is in your interests to only apply for the records that you want.

Please give a brief description of the information that you require, if linked to a specific episodes of treatment? (time, dates, treatment, etc)

To assist further here are a few boxes to help us find the information.

Is your request a part of ongoing treatment: Yes/No

Did you attend as an outpatient: Yes/No

Did you attend as an inpatient: Yes/No

What departments did you visit. Please tick box or add department in a box if not referred to.

X Ray		Oncology		Physiotherapy		Maternity	
A & E		ENT		Gynaecology		Paediatrics	
General Surgery		Orthopaedics		Haematology		Maxillo Facial	
Ophthalmology		Pain Clinic		Dermatology		Care of the Elderly	
Chest Clinic		Cardiology		Urology		General Medicine	

Declaration – To be signed by applicant

The information which has been supplied in this application is correct, and I am the person to whom it relates or if I am signing on behalf of a child I am the parent/guardian. I also confirm that if a third party has requested the information on my behalf I have ticked the appropriate box.

Signed: Date:

Warning – a person who impersonates or attempts to impersonate another may be guilty of an offence

FEE

The fee will be based on the following table. You will be informed of the exact amount payable when we have received your completed form.

Information Available	Charge
A & E Notes	£15.00
Notes from one or more other departments	£30.00
All Health Records	£45.00
All Health Records /Copy X Rays	£50.00
Electronically Held Health Records	£10.00
Copy of X Rays (Electronically Held)	£10.00

Do not send payment yet. You will be invoiced for the appropriate amount when we have received your completed application.

Please return this form to one of the addresses below:

Medical Records Department
Grantham Hospital
101 Manthorpe Road
GRANTHAM
NG31 8DG

Medical Records Department
Pilgrim Hospital
Sibsey Road
BOSTON
PE21 9QS

Medical Records Department
Lincoln County Hospital
Greetwell Road
LINCOLN
LN2 5QY

FOR OFFICIAL USE ONLY

Fee Details

Fee Paid: £..... Receipt number:

Signed by:Dated:

Details checked and confirmed complete:

Department:Position:

Name:Signature: