

## Subject Rights Request Form

Requesting copies of personal information processed by The Royal Wolverhampton NHS Trust.

This form can be completed and returned in the post, via email or completed over the telephone with a member of the Health Records Access Team. For help completing this form please call the team on 01902 695544, 695545 or 01902 307999 ext.88093.

In line with data protection legislation, you can expect to receive your requested information within 30 days. Where requests are complex or numerous, this may be increased to 90 days. You will be sent an acknowledgement letter on receipt of your request which will detail the appropriate timeframe. There will be no charge for accessing your health records (however we can charge a reasonable administrative fee should your request be repetitive).

### SECTION 1: Patient details (the data subject)

Full name of patient			
Title (please circle)	Mr/Mrs/Miss/Ms/Dr/Other	Date of Birth	
Previous / other name(s)			
Hospital/NHS Number	(if known)		
Current Address			
Previous Address(es) (use separate sheet if necessary)			
Telephone Number			
Email Address			

### SECTION 2: Details of the information that you are requesting

**HOSPITAL RECORDS REQUIRED PLEASE GIVE DETAILS:**

--

Period of Disclosure	From / To, or a specific episode of care	
Department(s)/Speciality	If applicable / if known	
Consultant(s)	If applicable / if known	

## Routine Requests

If you require all health records, the following information will be routinely supplied as part of your Subject Access Request (unless you have indicated that only certain information is required above). This will be processed within 30 days of receiving your request and Identification documents.

- Emergency Department Records (A&E record card)
- Urgent Care Centre Records\*
- Minor Injuries Unit (MIU) records at Cannock Chase Hospital
- Scanned health records (electronically stored on our Clinical Web Portal system)
- The main physical health record (paper records)
- Microfilmed (archived) records
- Radiology images i.e. X-rays, scans and reports
- Clinical Images (Medical Photography)
- Pathology (blood tests etc.)
- Observation recordings (via a system called Vitalpac)
- Prescription summary report
- Maternity Services
- Physiotherapy Records

*\*Prior to 1<sup>st</sup> April 2021 the Urgent Care Centre at New Cross Hospital (above the Emergency Department) was not part of the Trust and was provided by Vocare. Requests for Vocare records must be sent directly to [wm.governance@nhs.net](mailto:wm.governance@nhs.net)*

## Complex Requests

We do not automatically include the following information as it is held on separate systems that we do not have immediate access to. Please tick which records you require (if any). Please note that the law allows us additional time to process complex and/or numerous requests, so may take us up to 90 days to process, dependent on the number of department/specialities involved.

- ☐ Full Electronic Prescribing and Medicines Administration System (ePMA) records
- ☐ Information held separately by Individual departments/specialities
- ☐ Paediatric Community Services inc. health visiting and school nursing service
- ☐ Audit trails (of which staff have accessed your electronic record)
- ☐ Datix Risk and Incident Management System
- ☐ Wolverhampton Special Care Dental Service
- ☐ Sexual Health Services (The Fowler Centre)
- ☐ The Maltings Mobility Service (prosthetic and wheelchair services)
- ☐ Foot Health Services
- ☐ The Phoenix Walk-In Centre

### Primary Care Services

The following GP Practices are part of the Royal Wolverhampton NHS Trust. Please tick your surgery below IF you would like a copy of your GP records.

- ☐ Alfred Squire Road Health Centre   ☐ Coalway Road Surgery  
☐ Lea Road Medical Practice   ☐ Oxley Surgery   ☐ Penn Manor Medical Centre  
☐ Thornley Street Surgery   ☐ Warstones Health Centre   ☐ West Park Surgery

### GP RECORDS REQUIRED PLEASE GIVE DETAILS:

--	--

Period of Disclosure	From / To, or a specific episode of care	
Department(s)/Speciality	If applicable / if known	
Consultant(s)	If applicable / if known	

### SECTION 3: Who is requesting this information?

<input type="checkbox"/> I am requesting my own information.
<input type="checkbox"/> I am the parent/legal guardian of the patient and have responsibility for the patient who is under the age of 13 years old (formal evidence of this responsibility may be required)
<input type="checkbox"/> I have been asked to act on behalf of the patient (attach the patient's written authorisation)
<input type="checkbox"/> The patient is unable to make this request, and I am appointed by the Court to manage this on their behalf (attach confirmation of appointment)

### SECTION 4: Details of requestor (only complete this section if you are not the patient)

Full name of requestor	
Relationship to patient	
Current Address	
Telephone Number	
Email Address	

### SECTION 5: Please indicate how you wish to receive the records

<input type="checkbox"/>	I wish to make an appointment to view the requested records with a member of Health Records Services (no medical information will be discussed at this session)
<input type="checkbox"/>	I wish to collect copies of the records (ID will be required on collection)
<input type="checkbox"/>	Please send me copies of the records by recorded delivery
<input type="checkbox"/>	I would prefer to receive the records via secure email (where possible)

## SECTION 6: Rectification and/or Restriction of Inaccurate Data

If any of the information supplied by the Trust is found to be factually inaccurate or incomplete, the patient has the right to have this information rectified. If this is the case, then please let the Health Records Access Team know. The information will then be reviewed (alongside the appropriate Healthcare Professionals) and amended as required. The timescale involved for completing this type of request is the statutory 30- or 90-day deadline as described above.

## SECTION 7: Declaration

**It is a criminal offence to unlawfully obtain or attempt to obtain data.**

We require proof of your identity before we can disclose any personal information. You will need to provide copies of two documents, such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your full name and current address. If you have changed your name, please supply relevant documents evidencing the change.

### A) Requesting Your Own Record's

I am applying to access health records held by The Royal Wolverhampton NHS Trust (RWT). I certify that to the best of my knowledge the information provided on this form is correct, and that I am the person to whom it relates. I understand that RWT is obliged to confirm proof of identity and it may be necessary to obtain further information in order to exercise my right of access.

Sign: ..... Print: ..... Date: .....

**I have enclosed two types of identity with this form one Photo and one address (please tick):**

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate (For Child Application) | <input type="checkbox"/> Driving Licence               |
| <input type="checkbox"/> Passport                                  | <input type="checkbox"/> Official letter to my address |

### B) Requesting Someone Else's Records

I, the requester, apply for access to the health records of the above-named patient, under the General Data Protection Regulation (GDPR) Right of Access. I certify that to the best of my knowledge the information provided on this form is correct and that **I am legally authorised to act on behalf of the patient**. I understand that RWT is obliged to confirm proof of authority and it may be necessary to obtain further information in order to comply with this subject access request.

Sign: ..... Print: ..... Date: .....

**Proof(s) of legal authorisation enclosed with form (please tick)**

- ☐ Letter of authority from patient   ☐ Lasting or Enduring Power of Attorney (Health and Welfare)
- ☐ Evidence of Parental Responsibility   ☐ Other - please state: .....

**Please return completed form to: The Health Records Access Team c/o The Health Records Library, Location B19, McHale Centre, New Cross Hospital, Wolverhampton, WV10 0QP or send via email to [rwh-tr.healthrecordsaccess@nhs.net](mailto:rwh-tr.healthrecordsaccess@nhs.net) or telephone 01902 695544, 695545 or 01902 307999 ext.88093 for assistance.**