

DATA PROTECTION ACT 1998 – SUBJECT ACCESS APPLICATION FORM



The Data Protection Act 1998 gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a 'subject access request'.

Only the following people may apply for access to personal information.

- The person who the information is about.
- Someone acting on behalf of the person who the information is about.

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to know the following.

- Why we have your information.
- Who gave us your information.
- Who might see your information.

You also have the right to have any codes or jargon explained.

We can refuse to give you access to personal information in some limited circumstances. These include if the information is likely to affect the following.

- The way crime is detected or prevented.
- Catching or prosecuting offenders.
- Someone else, who can be identified from the information we have on you and that person does not agree to you having their information.
- Information which is being processed only for research and statistics.

If you need any more advice about your rights under the Data Protection Act, please contact our data protection advisor at the address on the next page. Or, you can contact:

The Information Commissioner's Office – Scotland
93-95 Hanover Street
Edinburgh
EH2 1DJ
Phone: 0131 301 5071
E-mail: Scotland@ico.gsi.gov.uk

If you want to make a subject access request, you should fill in this form.

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Fee

You must pay a fee of £10 for your access request. You should make cheques or postal orders payable to 'Common Services Agency' cross them 'A/C payee only'.

Send your filled-in form and your £10 fee to:

Data Protection Advisor
NHS National Services Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Response time

We will deal with your request as quickly as possible, and within 40 days of receiving your filled-in application form and £10 fee. If we have any problems getting your information, we will keep you up to date on our progress.

Points to consider

Please note that making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

Accessing health information is an important matter. Releasing certain information may in certain circumstances cause distress. If your application is likely to involve access to health information, you may want to speak to an appropriate health professional before filling the form in.



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Please fill in this application form using **BLOCK CAPITALS** and black ink.

Section 1: Personal details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

Last name:		First name:			
Address:		Date of birth:		Sex:	
		Home phone number:			
		Other phone number:			
Postcode:					

If the name or address was different from the above.

Previous last name:			
Previous address:			
Dates from and to:			

NHS staff and contractors

Fill in the details below, as appropriate, if the person who this request is about is employed by the NHS, or contracted to the NHS to provide general medical, dental, ophthalmic or pharmaceutical services.

Payroll number	National Insurance number	Place of work	General Medical Council or General Dental Council number

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Section 2: NHS contacts

If you need health information, please provide as much information in this section as possible. Give full details of the treatment periods or care you are interested in. Put the name of the health-service worker in charge of the care (for example, a GP or dentist) for each treatment period in the 'Health-care professional' column.

If the person who this request is about is a blood donor, please provide the donor identification number or the centre where you or they attended blood-donor sessions and rough dates in the 'Extra information' box.

NHS centre you went to	Ward, clinic or department	Health-care professional	Dates

Extra information

Please add any more information that may help us trace the information you need.

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Section 3: Information you want to access

Give details in the box below of the information you want to access.

Section 4: Declaration

You must sign this section, and the person you have named in section 7 must be present when you sign.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection Act 1998.

Signature: _____

Date: / /

I am the person named in section 1. (Go to section 7.)

Or

- I have been asked to act on behalf of the person named in section 1, and that person has filled in section 6. (Go to section 5.)
- I am the parent or guardian of the person named in section 1, and that person is under 16 years old and has filled in section 6. (Go to section 5.)
- I am the parent or guardian of the person named in section 1, and that person is under 16 years old and is not able to understand the request, for example they may have learning difficulties. (Go to section 7.)
- I have been appointed by the court to manage the affairs of the person named in section 1. (Go to section 7.)

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Section 5: Details of the person acting on behalf of the person applying.

You must fill in this section if you are not the person named in section 1.

Name: (Please print)	
Address and postcode we should send a reply to:	

Section 6: Permission

You must fill in this section if you are the person named in section 1 and you have given the person named in section 5 permission to act on your behalf.

I give you (NHS National Services Scotland) permission to give
_____ (enter the name of the person acting on your behalf) any
personal information about me. I have given them permission to act on my behalf.

Signature: _____

Date: / /

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Section 7: Countersignature

You must fill in this section if you need to confirm the identity of:

- the person named in section 1;
- the parent or guardian of the person (under 16 years old and not able to understand the request) named in section 1; or
- the person appointed by the court to manage the affairs of the person named in section 1.

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Any of the following can sign.

- A Member of Parliament
- A Member of the Scottish Parliament
- A Justice of the Peace
- A minister of religion
- A professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
- A bank employee
- A civil servant
- A police officer

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration (section 4).

The person signing the form does not need to see the contents of the rest of the form.

In some cases, the person applying may be asked to produce more documents as proof of their identity.

I (write your full name) _____
confirm that I have known (name of the person applying) _____
for _____ years, and I was present when they signed the declaration.

Signature:		Date:	/ /
Full name:		Profession (for example, teacher):	
Address:			
Postcode:		Phone number:	