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

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| **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** |  | | **Last Name:** | |  |
| **Address:** |  | | | | |
| **Postcode:** |  | **Date of Birth:** | |  | |
| **Home Phone Number:** | |  | | | |
| **Other Phone Number:** | |  | | | |
| **CHI (community health index) or hospital number (if known)** | |  | | | |
| **Email Address**  (this will only be used to process requests, we cannot send confidential information by email) | |  | | | |

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| **Section 2: Information you want to access** |

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

Please tick the appropriate box(es) to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

|  |  |  |
| --- | --- | --- |
| **Details** | **Manual (paper)** | **Computerised** |
| Ask for a copy |  |  |
| Make an appointment to view original records only |  |  |
| Receive a copy and make an appointment to view the originals |  |  |

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| **Section 3: Who is Applying For Access to the Information** |

**Please tick the relevant box that applies:**

* I am the person named in Section 1  🡪 **Go to Section 6**
* I have been asked to act on behalf of the person named in Section 1, and that person has filled in Section 5.  🡪 **Go to Section 4**
* I am the parent or guardian of the person named in Section 1, and that person is under 16 years old and has a general understanding of what it means to request access to personal information (in Scotland, the law presumes this for children aged 12 years and above), and they have filled in Section 5  🡪 **Go to Section 4**
* 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  🡪 **Go to Section 6**
* I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this (**please provide a certified copy**)

🡪 **Go to Section 7**

* I hold a welfare power of attorney in relation to the person named in Section 1 and enclose proof of this (**please provide a certified copy**)  🡪 **Go to Section 7**

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| **Section 4: Details of the Person Acting on Behalf of Others** |

You must fill in this section if the person named in section 1 has given you permission to act on their behalf

|  |  |
| --- | --- |
| **Name:**  **(Please print)** |  |
| **Address and postcode we should send a reply to:** |  |
| **Contact phone number:** |  |
| **Email Address**  (this will only be used to process requests, we cannot send confidential information by email) |  |

* **Now please complete Section 6**

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| **Section 5: 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 Lothian**, permission to give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(enter the name of the person acting on your behalf) the personal information requested in this form. I have given them permission to act on my behalf.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Now go to Section 7**

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| **Section 6: Identification/Countersignature** |

**Everyone must complete this section UNLESS you are providing:**

* A certified copy of a Power of Attorney document
* A certified copy of a Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. There are two ways you can do this, **please place a tick in the relevant box next to your preferred option:**

**1 – Provide Two Forms of Identification (ID)**

We require proof of identification and current address. The following is a list of documents we will accept

Proof of ID

* Copy of the identification/photographic page from a current passport
* Copy of the identification/photographic section of a current driving licence
* Other forms of photo ID including travel pass, work badge

Proof of Address

* Copy of a recent utility bill or bank statement
* Copy of current rental agreement
* Copy of recent pay slips

**Please do not send original documents.**

**Any financial details can be redacted (blacked out) or removed.**

**OR**

**2 - Countersignature**

The other way to confirm a person’s identity is by providing a countersignature.

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration (Section 8). You do not need to see the rest of the form.

**A family member or relative should not be asked to sign.**

In some cases, we may ask the person applying for 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:** |  | | |

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| **Section 7: Declaration** |

You must sign this section, and if providing a countersignature to confirm your ID the person you have named in Section 6 (the counter signatory) must be present when you sign.

**Releasing information**

Keeping personal information confidential and secure is extremely important to us.

We use recorded delivery to send documents by post. If you choose to collect the information in person please ensure you have arranged a time with a member of staff and bring along two forms of identification with you, including one which has your photograph on (see description in Section 6 detailing what we will accept).

**Please note:** we will not release information until we have received your payment.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the General Data Protection Regulation 2016.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

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| **Handy Check List** |

Before returning the form please make sure the following information has been provided:

Has the form been signed by the patient and or applicant?

Has the form been countersigned or copy ID provided?

Have you provided a phone number or email address to enable our office to contact you to discuss your application (if required)?

If you wish to discuss the application further, please contact the Practice on the following details: –

Firrhill Medical Centre  
Allermuir Health Centre  
165 Colinton Mains Drive  
EDINBURGH  
EH13 9AF

Telephone – 0131 441 3119