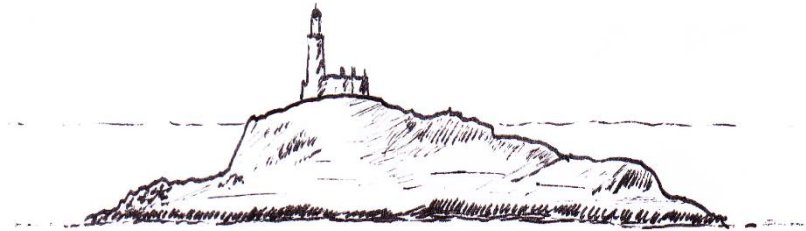


# **Solway Medical Group**



## **Subject Access Request to Personal Health Records under the Data Protection Act 2018 (DPA18) and General Data Protection Regulation (GDPR)**

You are advised that making a false or misleading statement in order to obtain access to personal information to which you are not entitled is a criminal offence.

Access to Health Records for living people is provided under the Data Protection Act 2018 (DPA18) and the General Data Protection Regulation (GDPR).

Solway Medical Group are required by the above legislation to provide you with the requested information within thirty days after we have received the following:

- Completed application form and any necessary clarification of the information you require
- Proof of your identity (copies of 2 forms of identification)

Please note that, subject to certain exceptions, no fee is payable. If your request is excessive or you require further copies of information which has already been supplied in response to an earlier request Solway Medical Group may charge an administration fee.

Completed forms should be sent to:

**Practice Manager  
Solway Medical Group  
St Mary Place  
Kirkcudbright  
DG6 4BJ**

Alternatively, you may email scanned copies of the completed form and supporting documentation to the following address:

[dg.kbtclin@nhs.scot](mailto:dg.kbtclin@nhs.scot)

You are advised that making a false or misleading statement in order to obtain access to personal information to which you are not entitled is a criminal offence.

### Section 1: Details of the person for whom information is requested (the Subject)

<b>Full Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact number</b>	
<b>Email address</b>	
<b>Date of Birth</b>	
<b>CHI number</b>	
<b>Start date of records required</b>	
<b>End date of records required</b>	
<p>Please specify the type of records you are requesting, eg results, consultations.</p> <p><b><u>PLEASE NOTE:</u></b> This is only your GP records, if you require hospital records you will need to contact them directly</p>	

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**Section 2: Are you the data Subject? (Please complete the appropriate section)**

**YES:** I declare that the information provided is true to the best of my knowledge and belief. I am the Subject named in Section 1, and as such I am requesting access to my health records under the terms of DPA18 and GDPR.

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

**Please provide copies of two forms of identification. Acceptable forms of identification include driving licence, passport, utility bill, bank statement.** (Your application form is now complete.)

**NO:** If you are requesting health records which are not your own then you must obtain consent from the Subject whose details are provided in Section 1. Please have them complete the following, if appropriate. Consent is not required if you are requesting records when acting as Power of Attorney, parent of a young child or are able to provide Solway Medical Group with a signed mandate from the Subject.

**I certify that I am the Subject named in Section 1, and I agree that my personal information is to be released to \_\_\_\_\_ (print name of applicant).**

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

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**Section 3: If you are NOT the data Subject please provide the following information.**

<b>Full Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact number</b>	
<b>Email address</b>	
<b>Date of Birth</b>	
<b>CHI number</b>	
<b>Relationship to the Subject</b> Please delete as appropriate.  Solway Medical Group will require you to provide proof of your eligibility to view the records of the Subject. e.g. Power of Attorney document, birth certificate, signed mandate from the Subject.	<b>Power of Attorney</b> <hr/> <b>Parent / Guardian</b> <hr/> <b>I am a solicitor/insurance company Pensions company acting on behalf Of the Subject</b>

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I certify that I am an appropriate person as named in Section 3, and as such I am requesting access to the personal health records of \_\_\_\_\_ (please print name of the Subject) under the provisions of DPA18 and GDPR.

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

**How we can provide you with your records:**

**Secure File Transfer Service:** An email is sent to you by SWAN network containing a link to your requested documents and contact information for a member of the Data Protection Team. Once you receive this email you are required to contact the Data Protection Team to obtain the password which will enable you to access your records via the link sent in the original email. You can then download the files and save them in your preferred location.

The link to your records is valid for 3 days. This is the quickest and most secure method of sending your records

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**Paper copies:** ☐ Please be aware that this can involve a significant amount of paper depending on the size of the records.

**Please note:**

We are required to check all health records for third party/sensitive/harmful information. If there is any such information contained in the records you have requested then this will be redacted, under the terms of the Data Protection Act 2018 (DPA18) and General Data Protection Regulation (GDPR), prior to release.

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