



NEAS SUBJECT ACCESS REQUEST FORM (DATA PROTECTION ACT 1998)

The **Data Protection Act 1998 (DPA)** gives individuals certain rights regarding information held about them. It places obligations on those who process information (data controllers) while giving rights to those who are the subject of that data (data subjects). Personal information covers both facts and opinions about the individual.

Anyone processing personal information must comply with the eight data protection principles. Data must be:

1. Fairly and lawfully processed
2. Processed for limited purposes
3. Adequate, relevant and not excessive
4. Accurate and up to date
5. Not kept longer than necessary
6. Processed in accordance with the individual's rights
7. Secure
8. Not transferred to countries outside the European Economic area unless country has adequate protection for the individual.

The disclosure of records of deceased persons is dealt with under the Access to Health Records Act 1990. Under that legislation, when a data subject has died their personal representative or executor or administrator or anyone having a claim resulting from the death (this could be a relative or another person), has the right to apply for access to the deceased's health records. Health records relating to deceased people do not carry a common law duty of confidentiality but it is Department of Health and General Medical Council policy that records relating to deceased people should be treated with the same level of confidentiality as those relating to living people. If the deceased person had indicated that they did not wish information to be disclosed, or the record contains information that the deceased person expected to remain confidential then it must remain so.

Section B

This section should only be completed when the applicant is not the data subject but has been authorised by the data subject to make the application or is requesting access to a deceased persons health records.

Section C

This section must be completed for all applicants. Please specify the records/information you wish to access providing as many details as possible. It is not sufficient merely to state "all records". If you have insufficient space, please attach a continuation sheet containing full details.

Section D

This section must be completed for all applicants and is split into 3 parts.

- Part 1 should be completed by the data subject or legal parent/guardian.
- Part 2 should be completed when the applicant is not the data subject but has been authorised by the data subject to make the application.
- Part 3 should be completed when the applicant is not the data subject but is requesting information of a deceased data subjects records under the Access to Health Records 1990.

Section E

Supporting identification must be in order for us to process your request.

You should send this form (fully completed), payment and copies of the identification documents to:

Clinical Audit Office
North East Ambulance Service
Bernicia House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne, NE15 8NY

SECTION A : Details of the Data Subject (person to whom the information relates)	
Title	
Surname	
Forenames	
Date of Birth	
NHS Number	
Address (for correspondence)	
Telephone Number	
E-mail address	

SECTION B : Details of person acting on behalf of the Data Subject	
Title	
Surname	
Forenames	
Address	
Telephone Number	
E-mail address	
Relationship to data subject	
ICO Data Controller Registration Number (If applicable)	

SECTION C: Description of information requested
<p>Please describe the information that you believe we hold, and that you would like access to. If you can be specific about the information that you would like, it will assist us to locate it (if we hold it). If we require further details about the information that you are requesting, we will contact you.</p>

SECTION D: Declaration	
<p>Please complete either Part 1, 2 or 3.</p>	
<p>Part 1</p> <p>I, the undersigned declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under the Data Protection Act 1998 for access to personal data that the Trust holds about me under the terms of that Act.</p>	
<p>I am the data subject</p>	
<p>I am the legal parent/guardian of the data subject who is under the age of 16 and who:</p> <ul style="list-style-type: none"> • Is incapable of understanding the request • Has consented to my making this request 	
<p>Signed _____</p>	<p>Date _____</p>
<p>Print Full Name _____</p>	

Part 2

I have been asked to act by the data subject and below is the data subject's written authorisation:

I hereby give my consent for _____

(full name of person) to make a Subject Access Request on my behalf under the Data Protection Act 1998 to the North East Ambulance Trust.

Signed _____ Date _____

Print Full Name _____

Part 3

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under Access to Health Records Act 1990 because:

I am the deceased data subject's next of kin (please provide documentary evidence)	
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I have a claim arising from the data subject's death and wish to access information relevant to my claim and attach details of the grounds of my claim (please provide documentary information)	
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Signed _____ Date _____

Print Full Name _____

SECTION E: Supporting Identification

Identity documentation may be required in order to for us to process your request. Please provide us with a copy of either your passport or drivers licence, and a copy of one utility bill with your current residential address. Complete the checklist below to indicate what you have enclosed with this form.

Please note:

1. This supporting identification will be **securely destroyed** once we have verified your identity.
2. It is an offence under Section 55 of the Data Protection Act to impersonate a Data Subject.

ADMINISTRATIVE USE ONLY**TICK**

Copy of passport / drivers licence supplied	
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Copy of utility bill supplied	
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