

Adults' Health and Care

# Subject Access Request form

*General Data Protection Regulation and Data Protection Act 2018*

Under the *General Data Protection Regulation and Data Protection Act 2018*, you are entitled to request access to the information we hold about you.



## Applying to make a formal 'subject access' request

To apply to see your, or someone else's, adult social care records, please fill in this form and return it to:

*Information and Complaints Team  
Adults' Health and Care  
Hampshire County Council  
The Castle, Winchester  
Hampshire SO23 8UQ*

## Proof of identity

We need to have proof of your identity and address before we can let you see your personal information. The proof of identity that you provide will only be used to process your application and for no other purpose. This is needed even if you have previously provided this information to the Council.

We accept copies of one of the following as *proof of identity*:

- passports
- medical cards
- driving licences
- birth certificates
- deed poll or marriage certificates if your name has changed

In addition, we accept copies of one of the following as *proof of address*:

- recent utility bill or bank statement
- driver's licence

## **Please do not send original documents**

## How quickly can you see requested records?

You can usually see the information you are entitled to within one month of our receiving your completed form and supporting identification documentation.

Please help us by answering all the questions on this form as fully as you can, if you are solely interested in specific events and/or time periods please state these as it may speed up your disclosure.

If we hold a large amount of information on you we may need you to specify which parts of the information you require. In some circumstances, for example when we have a lot of information about you or the request is complex, it may take us up to three months to respond to your request. We would let you know if we were going to take more than one month.

If you want us to contact other people (such as family members or your doctor) who have contributed to the information we hold to ask permission for you to see what they have said, it is helpful if you can provide up-to-date details of how we can contact them. We always take legal advice if we are asked for personal information by the courts or the police.

## Which records will you receive?

All of your records will be considered, however, some information may be withheld. If this is the case any decisions will be explained in your disclosure.

## Applying to see information on behalf of someone who is unable to make the request themselves

If someone wishes to see their information but is unable to make their own request, you may be able to apply on their behalf. In order to consider your request you will need to provide evidence that you are legally entitled to do so and explain the purposes that you require the information. This will usually be evidenced in the following situations;

- You are the person named on a Deputyship order and the information you are requesting is relevant to the work that you need to carry out under the order; or
- You have a registered Lasting Power of Attorney or Enduring Power of Attorney for them and the information you are requesting is relevant to the work that you need to carry out as Attorney; or
- You have written consent or a Form of Authority from them.

In addition to this we will also require both the service user's and your own identification and proof of address.

## Seeing the information of someone who is deceased

It is the County Council's policy to maintain the confidentiality of a client's record even after death. If you are asking to see the information of someone who has died, you should apply in writing, or use our application form giving enough detail for us to identify the records including the person's address when they were receiving a service from us.

You should also include information about yourself such as proof of your identity, your relationship to the person whose information you are asking to see, and details of why you want to see the information. The County Council will need to be satisfied you are legally entitled to view the information.

If you are the executor of the person's will, have letters of Administration or hold the grant of probate documents, you should provide copies of this. A decision as to whether you can see the information you are asking for will be based on the information you provide.

## Charges for seeing your information

Usually there will be no charge to see your information. There may be a charge to help cover our administrative costs if you ask for additional copies of your information or if we consider the request to be excessive (e.g. repetitive). In exceptional circumstances, we also may refuse to meet your request if we consider it excessive.

If we no longer hold your information, we will write to you to let you know.

## How will you receive your information?

We will send you an electronic copy of the information you have requested by secure email or, if you prefer, we will send a paper copy using secure delivery. This set of information will then be your responsibility.

In some instances parts of the information may be redacted (blacked out). The reasons for this will be explained to you when your information is sent to you.

If you would like to receive your information in an alternative format (for example, in large print) please contact the County Council to discuss on **0300 555 1386**.



## Privacy notice

The information you supply on this form will be used for the purposes of identifying who the requestor and service user are and which person's information is being requested, along with any other vital information needed for the purposes of providing the requested information.

We are duty bound to consider any subject access requests we receive owing to it being a statutory function and so must collect some information in order to carry out this function.

It may be necessary, if you consent to us contacting third parties for information, to disclose a very small amount of personal information to that third party.

We will keep the personal information in this form for 7 years after the completion of your request.

For more information on your data subject rights, please see our Privacy Notice ([www.hants.gov.uk/aboutthecouncil/privacy](http://www.hants.gov.uk/aboutthecouncil/privacy)) and Data Protection web pages ([www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection](http://www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection)).

No automated decision making or profiling will take place during this process.

## Completing this form

Please fill in sections A, B, D, E and sign section F of the form. If you are applying to see someone else's records, please also fill in section C.

## Section A: Details of the person whose records are held by Adults' Health and Care

**Please note:** If personal information is held by a private provider or home, you will need to apply to the residential home directly.

Title:  Mr  Mrs  Miss  Other:

Full name:

Previous names/also known as:

Address:

Postcode:

Date of birth:  /  /  Phone number:

Previous address(es) at time services received (if known):

  
  

Email (where we can send the records to):

How would you like the disclosure?  Email  Post

## Section B: Who is applying to see records? (Please tick one)

I am applying to see my own records (please go to section D)

I am applying to see records for/on behalf of the person named in Section A (please go to section C)

**Section C:** Your details if applying on behalf of the person named in Section A

Title:  Mr  Mrs  Miss  Other:

Full name:

Previous names/also known as:

Address:

Postcode:

Date of birth:  /  /  Phone number:

**Relationship to person named in Section A:** (e.g. solicitor, deputy named on Court of Protection order, holder of power of attorney authorising you to request records)

**Section D:** Details of involvement of person named in Section A with Adults' Health and Care (previously known as 'Adult Services' or 'Social Services')

Date information requested is from:  /  /  to:  /  /

Team(s) or office(s) you are requesting data from:

Please give details of the information you are seeking, being as specific as possible.  
Please list any third parties you us to contact.


Continue on a separate sheet if required. Tick the box to indicate a separate sheet is included.

Information provided to us by or on third parties, (which may include for example, other members of the family, doctors, other professionals) may be removed if we do not receive their consent to disclose it to you.

Please let us know if you would like us to seek the permission of third parties to share information with you. We will write to third parties to seek consent in accordance with your wishes. However, if the records are several years old we may not be successful in contacting some third parties as the people involved may have moved or no longer be available. Please also let us know if there is anyone involved that you would not want us to contact.

If you do not indicate otherwise on the form we shall assume that you do not wish for us to seek permission of third parties.

## Section E: Documents enclosed (Tick all applicable boxes)

**Please note:** The period of one month in which we must respond to your request cannot commence until we are satisfied that proper documentation has been received.

- Proof of name of person named in Section A
- Proof of current address of person named in Section A
- Proof of name of person(s) named in Section C (if applicable)
- Proof of current address of person(s) named in Section C (if applicable)
- Proof of right to see someone else's records (e.g. power of attorney authorising you to request records, letter of authority, deputy named on Court of Protection order (if applicable)

## Section F: Signatures

**Declaration:** I certify that the information given on this application form to Hampshire County Council is true. I understand that it is necessary for the County Council to confirm identity.

Person named in Section A:

Date:

Person(s) named in Section C (if applicable):

Date:

**Please return this form and all relevant documents listed in Section E to:**  
Information and Complaints Team, Adults' Health and Care,  
Hampshire County Council, The Castle, Winchester, Hampshire SO23 8UQ

