

This form enables you to apply for access to information held about you. It also explains your rights to access this information. The NHS Business Services Authority (NHSBSA) is obliged to respond within 40 days upon receipt of a fully completed application.

Your rights

Subject to certain exemptions, you have the right to be told whether any information is held about you and a right to a copy of that information. The NHSBSA will only release that information if we are satisfied as to your identity. The NHSBSA will not give you any information, which identifies someone else, unless that person agrees. If you think that information might be held about you which may identify another person you may want to get that person's agreement and send that to us with your application.

The rights of the NHSBSA

The NHSBSA may deny access to information where the Data Protection Act allows but the main exemptions in relation to information held by the NHSBSA are where the information is held for:

- The prevention or detection of crime
- The apprehension or prosecution of offenders

and giving you the information would be likely to prejudice any of these purposes.

Fee

A fee, up to a maximum of £10 may be charged under the Act. Currently the NHSBSA **does not** charge a fee.

Proof of Identity

Section 1 asks you to give information about yourself that will help the NHSBSA to confirm your identity. The NHSBSA has a duty to ensure that information is held in a secure manner and the NHSBSA must be satisfied that you are who you say you are.

Section 2 asks you to provide evidence of your identity by producing document(s) with your application.

Closed Circuit Television (CCTV), Video / Digital Images

Images are retained on digital systems or tapes for 30 days and after this time the images on them are destroyed. A search will be made from the information you supply, 15 minutes either side of the times given, the full digital system / tape will not be searched. Should your image appear on the digital system / tape you will be given an option to view it. The viewing of the digital system / tape will be arranged by prior appointment.

When you have completed this form please send it to: -

Subject Access Request
 Information Governance Team
 1st Floor
 Stella House
 Goldcrest Way
 Newburn Riverside Business Park
 Newcastle upon Tyne
 NE15 8NY

5. Declaration (to be signed by the applicant)
Please note that any attempt to mislead may result in prosecution.

I _____ (BLOCK CAPITALS PLEASE), certify that the information given on this application form to the NHSBSA is true. I understand that it is necessary for the NHSBSA to confirm my / Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed _____ Mr/Mrs/Ms/Title _____

Date _____

6. Please check that you have

- Completed all the sections you need to?
- Signed the form?
- Enclosed a document(s) / photograph (if applicable) for identification purposes?

For NHSBSA use only

Application checked and legible	YES/NO	
Date application received		_____
Identification document(s) checked	YES/NO	
Details of document		_____
Document(s) returned	YES/NO.	Date returned _____
Name of person completing this section		_____
Division / Department		_____
Signature		_____
	Date	_____

Form last reviewed: 3 November 2010

1. Details of person requesting the information

Full Name _____
Present Address _____
_____ Post Code _____

Telephone Number _____
Date of Birth _____ Length of time at this address _____ years

If you have lived at this address for less than 3 years, please give below your previous address(es) for that period.
Continue on another piece of paper if you need:

Present Address _____
_____ Post Code _____

2. Proof of Identity

To establish your identity and address, this application must be accompanied by an original or a photocopy of document(s) bearing your full name (first name(s) and surname), date of birth and address (e.g. a driving licence). Any original identification document(s) will be returned, photocopies of identification documents will be retained. Should your application be for a CCTV image, then a passport type photograph and physical description is also required.

3. Written authority

If you are acting on behalf of the Data Subject (i.e. the person to whom the information is about) a written authority is required. Please complete the details below. Also please state your relationship to the data subject (e.g. solicitor / client, parent / child etc.)

Full Name _____
Present Address _____
_____ Post Code _____

Telephone Number _____
Relationship to the applicant _____

Signature _____

4. To help us find the information

Please provide details of the information you are seeking, together with any other relevant information (dates, times location etc). This will help to identify the information you require.

Do you require: -

A. A copy of your prescription(s)? If so, please provide:

Name of the dispenser _____
Address of the dispenser _____
(including Post Code) _____

Name of the prescriber _____
Address of the prescriber _____
(including Post Code) _____

Date(s) of the prescription(s) _____
Month of dispensing _____

B. A copy of your dental information? If so, please provide:

Name of the dentist _____
Address of the dentist _____
(including Post Code) _____

Date(s) of your treatment(s) _____

C. Details of your NHS Pension Records? If so, please provide:

Your scheme identification number _____

D. A CCTV image? If so, please tick the appropriate box:

- i) view the digital system / tape
- ii) copy of the digital system / tape (additional costs may be incurred details of which will be advised separately).

Also please provide: -

- Date and time you wish to view _____
- Location _____
- Details of what you seek _____

- Your physical description (including height, build) _____

- Passport style photograph.

E. Other

Please explain what you are seeking with as much information as you can.

