

Subject Access Request (SAR) – application form and guidance

This form enables you to apply for access to information held about you and explains your rights to access this information. The NHS Business Services Authority (NHSBSA) must respond within 40 calendar days of receiving a fully completed application.

Your rights

Subject to certain exemptions, you have the right to know 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 certain of your identity. We 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, we recommend that you get that person's agreement and send it to us with your application.

Where allowed by the Data Protection Act, the NHSBSA may deny access to information. Normally, this happens when 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 Data Protection Act. The NHSBSA **does** currently charge a £10 fee from 1 April 2016 onwards. This can be made by cheques payable to 'NHSBSA'

Alternatively a bank transfer can be paid as follows:

Acc Name: **NHSBSA**

Sort Code: **60-70-80**

Acc Number: **10021205**

Reference - The word '**SAR**' followed by your Full name. This is so that the payment can be linked to your request.

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 we must be satisfied that you are who you say you are before we disclose any information.

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

Closed Circuit Television (CCTV) video and/or digital images

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

Subject Access Request

1. Details of person requesting the information

Full name	
Current address (including postcode)	
Length of time at this address	
Telephone number	
Date of birth	
NHS Number	

If you have lived at this address for less than three years, please provide your previous address(es) including postcodes to cover the last three years. Continue on another piece of paper if needed.

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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. If you are applying for a CCTV image, please also send a passport type photograph and physical description.

3. Written authority

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

Full name	
Current address (including postcode)	
Telephone number	
Relationship to applicant	
Signature	

4. Information required

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

A. If you require a copy of your prescription(s) , please provide:

Name of the Dispenser		
Address of the dispenser (including postcode)		
Name of the Prescriber		
Address of the Prescriber (including postcode)		
Date(s) of the prescription(s) within the last 18 months as this is all we hold		
Did you pay for the prescription(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of medicines		

dispensed	
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B. If you require a copy of your dental information, please provide:

Name of the dentist	
Address of the dentist (including postcode)	
Date(s) of your treatment(s)	

C. If you require details of your NHS Pension records, please provide:

Your scheme identification number	
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D. If you require a CCTV image, please tick the appropriate box:

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

Please also provide a passport style photograph and the following details:

Date and time you wish to view	
Location	
Details of what you are looking for	
Your physical description (including height and build)	

E. Other – Please explain what you are looking for, providing as much information as you can. Continue on another piece of paper if needed.

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5. Declaration (to be signed by the applicant).

Please note that any attempt to mislead may result in prosecution.

I 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.

Full name (including title) in BLOCK CAPITALS	
Signature	
Date	

6. Please check that you have:

- completed all the sections you need to
- signed the declaration
- enclosed original or photocopy of identification document(s) as detailed in part 2
- enclose a cheque for £10 or confirm you have made a bank transfer for £10 before sending your completed form to us.

7. Please send your completed form to:

Subject Access Request
Head of Internal Governance
Stella House
Goldcrest Way
Newburn Riverside
Newcastle Upon Tyne
NE15 8NY