Counter Fraud Data Request Form - Dental

Please submit your request by **secure** email. Send your completed request form to NHSBSA Security and Information Governance: [**nhsbsa.dataprotection@nhs.net**](mailto:nhsbsa.dataprotection@nhs.net)

Please Cc the Dental Insight team: [**nhsbsa.dentalinsight@nhs.net**](mailto:nhsbsa.dentalinsight@nhs.net)

Note: NHSmail will remove any encrypted files that are attached.

More info: [Accessing and using documents to counter fraud in the NHS (DHSC Code of Practice)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707875/code-of-practice-accessing-and-using-documents-to-counter-fraud-in-the-nhs.pdf)

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| **Part 1 - Your details** | |
| Your name |  |
| Job title / role |  |
| Organisation name |  |
| Organisation address |  |
|  |  |
|  |  |
| Postcode |  |
| Email address |  |
| Telephone number |  |
| Case reference |  |
| Date |  |

**If you are making the request as a local counter fraud / investigating officer, ensure that you complete Part 2a below.**

**If you are making the request as a counter fraud officer within the NHS Counter Fraud Authority (NHSCFA), Part 2b has been prepopulated for you.**

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| **Part 2a - Your authority (for local counter fraud requests)** |
| **This request for dental information is made under the following regulatory and or legislative powers:**  *(Please enter the regulatory or legislative power(s) below that allows you to process the data requested. Failure to provide a legal power or authority will result in the rejection of your request. If you are unsure of your legal power, please consult your own IG team or DPO. Disclosure is at the discretion of NHSBSA.)* |
|  |
| **I understand that any information supplied is governed by the relevant Act/Directions and will be treated in accordance with Data Protection Principles and I agree to use the information only for the stated purpose and to treat this information in confidence, in accordance with the Data Protection Act 2018, and agree to be bound by the common law duty of confidentiality.** |
| **Part 2b - Your authority (for NHS Counter Fraud Authority requests)** |
| The following information/data has been requested under regulatory and or legislative powers as defined by my professional role at the NHS Counter Fraud Authority:  The [Directions to NHS Trusts and Special Health Authorities in respect of Counter Fraud 2017](https://www.nhsbsa.nhs.uk/sites/default/files/2017-11/Section%202%20-%20B8%20-%20Counter%20Fraud%20Directions%202017.pdf)  and  The Data Protection Act 2018 [Schedule 2, Part 1](https://www.legislation.gov.uk/ukpga/2018/12/schedule/2/enacted), Section 2 (1)(a) and (b) for the prevention or detection of crime or the apprehension or prosecution of offenders. Requests made under this legislation must be authorised by an NHSCFA officer and provide sufficient information to determine whether a disclosure is to be made. This request form does not oblige the recipient to disclose; it enables the recipient to ensure disclosures are legal.  I understand that any information supplied is governed by the relevant Act and I agree to use the information only for the stated purpose and to treat this information in confidence. |

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| **Part 3 - The Dentist** *(Please enter as much information as is available.)* |

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| --- | --- |
| Contract number |  |
| Practice name |  |
| Practice address |  |
|  |  |
|  |  |
| Postcode |  |
| Performer(s) name(s) and number(s) |  |
| Patient’s name(s), DoB, address and postcode (if relevant) |  |

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| **Part 4 - Your request** |
| **The allegation:**  *(Please provide a summary of the allegation being investigated below. If the data is not required in relation to an allegation, please outline the purpose for the data - why it is needed and what is being investigated):* |
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| **What data do you require to assist in your investigation*?***  *(Please be mindful of the purpose limitation and data minimisation principles of data protection. The NHSBSA has implemented a policy that each request should be initially limited to a maximum of 500 patient records, therefore please ensure that your request is appropriately refined.)* |
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| **Time period of data:**  *(Enter the dates the data required should cover (ie: from dd/mm/yyyy to dd/mm/yyyy) Including why it is necessary to cover those dates. Failure to rationalise the timeframe may result in you being provided a smaller or representative sample in accordance with the data minimisation principle of data protection.)* |
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| **Why is this data required?**  *(What is the reason for requesting this specific data set (eg: criminal, civil, disciplinary. Please be mindful of the purpose limitation and lawfulness principles of data protection).* |
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| **How will this data be used?**  *(Please provide details of any third party use (eg: solicitors, police, courts etc).* |
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| **If the requested data is not disclosed to you, how would it prejudice your investigation or purpose for requesting?** |
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| **How long will you retain the data provided to you?**  **(***Provide justification for the retention period and be mindful of the storage limitation principle of data protection)* |
|  |
| **Timescales**  *(It is essential to determine when the information is needed by (eg: prior to a trial date). Please specify and justify a deadline date if necessary.)* |
|  |
| **Please enter any other relevant information below** |
|  |
| Signed: |