



Right of Access Request – Data Protection Act 2018

Form 1 Request for access to personal information about me

Please read 'Guide 1: How to request personal information' before completing this form

Information collected on this form will be used by Birmingham and Solihull Mental Health Foundation Trust for the purpose of complying with your Subject Access Request. It will be shared with staff who have a designated role in this process and the request and any subsequent disclosure will be retained by the Trust for 3 years before being confidentially destroyed.

Section 1	Details of the person about whom information is being requested												
Surname:					Date of Birth	D	D	M	M	Y	Y	Y	Y
First Name(s)													
Also known as/ maiden name:													
Current / Most Recent Address:											Postcode:		
Please provide the following details if you are happy for us to contact you in this way:													
Home Number:					Mobile Number:								

I would like to access the information by... (Please tick one option)	
<input type="checkbox"/> receiving a hard copy	
<input type="checkbox"/> attending a Trust site and viewing it:	

Section 2	Details of information being requested... (Please tick one option)	
I am a current/ ex service user and want to access my care/ health information:		
I am a current/ ex employee and want access to my personnel information:		

Further information on what information is being requested: Please provide information which may help us locate information you require, e.g. doctors name, site visited, dates of treatment:

Section 3	Consultation with other people (third parties)			
Please see 'Guide 1: how to request personal information' for further information				
If needed is the Trust allowed to tell other people that you have made a request if consent s needed for some of the information to be released:	YES		NO	

Section 4	Declaration		
By signing below I confirm I am asking for access to personal data about me and I have the authority to make this request. I understand that the information I have provided will be used to process my request, and this will include telling appropriate members of staff.			
Full Printed Name:			
Signature:		Date:	

Contact Details		
If you have any questions or difficulties with completing this form please contact us:		
Tel: 0121 301 1155	Fax: 0121 301 1103	Email: bsmhft.informationrequests@nhs.net

Please ensure you enclose two copies of your identification
Please refer to Guide 2 for further details.

Please return completed forms to...
Right of Access Requests Records Department Trust Headquarters Unit 1, B1, 50 Summer Hill Road Birmingham B1 3RB
or email to: bsmhft.informationrequests@nhs.net
Other Formats: To receive this information in another format please contact-PALS on 0800 95 30 045