

Section 1



Right of Access Request - Data Protection Act 2018

Form 2 Request for personal information about someone else

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 Right of 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.

Details of the person making the request

Surname:				Date of	D	D	M	M	Υ	Υ	Y	Y
First Name(s)				Birth			1 1 1	1 1 1				'
Current Address:												
					Po	stco	de:					
Please provide the following details if you are happy for us to contact you in this way:												
Home Number:	Mobile Number:											
Section 2	Details of the person you are requesting information about											
Surname:				Date of	D	D	M	M	Υ	Υ	Υ	Υ
First Name(s)				Birth								i i
Current/ Most												
Recent Address:					Postcode:							
NHS No'					rust Reference							
(if known):		(if known)										
Details of information (please provide details name, time period:												
Is the person named	•	Yes		Please complete section 3								
child or dependent?	(Please tick)	No		Please complete section 4								

Sect	ction 3 Requests on behalf of a child or dependent											
I,	Please PRINT name				Wish to make a request on behalf of my child/ dependent, named in section 2.							
To make this request, I confirm that my child or dependent (Please tick)												
1	Has g	jiven me p	permission to make the re	quest:		Please complete section 5						
2	Lacks sufficient maturity to understand the request					Please complete section						
3		tal capacity to make a reconsent:	uest or		Please complete section 6							
Section 4 Requests made on behalf of someone												
I,		Please PRINT name		Have been given permission by the person in section 2, or has the Legal Authority, to make a request.								
My relationship with the person is (complete)												
1	Has given me permission to make the request:					Please complete section 5						
2	Lacks the mental capacity to make a request or provide their consent: Please complete section 6											
0												
Cook	lion E		Consent of person when	a informatio	on in hai		o au o o to d					
	tion 5		Consent of person whos				•					
The	Trust r		Consent of person whose that you have been given that you have been given the control of the con				•					
The	Trust r		ck that you have been give				•					
The	Trust r	ned in sec	ck that you have been give		on to ma	ake t	•	ehalf				
The pers	Trust ron nan	ned in sec e of person requ	ck that you have been given ction 2 (The data subject) whose information is being	en permissi Authorise	on to ma	ake t	the request by the	ehalf				
The pers	Trust ron name	e of person requ ne reques below, I c	ck that you have been give ction 2 (The data subject) whose information is being uested (PRINT)	Authorise al information	Name on, as d	of pe	erson acting on your beed in section 2					
The pers	Name the igning on acti	e of person requ ne reques below, I c	ck that you have been given that I have given records.	Authorise al information	Name on, as d freely a sonal inf	of pe	erson acting on your beed in section 2					
The pers	Name the igning on acti	e of person requ ne reques below, I c ng on my	ck that you have been given that I have given records.	Authorise al information ny consent s of my pers	Name on, as d	of pe	erson acting on your beed in section 2					
The pers I, To n By s pers Sign	Name the igning on action	e of person requ ne reques below, I c ng on my	ck that you have been given ction 2 (The data subject) whose information is being uested (PRINT) t for access to my person declare that I have given representation behalf will receive copies	Authorise al information y consent s of my pers	Name on, as d freely a sonal inf	of pe	erson acting on your beed in section 2					
The pers I, To m By s pers Sign	Name the igning on action ided:	e of person require requessibelow, I cong on my	ck that you have been give ction 2 (The data subject) whose information is being uested (PRINT) t for access to my person declare that I have given respective copies erson whose information is being leading to the copies of th	Authorise al information y consent s of my persong requested	Name on, as d freely a sonal inf Date:	of perental of the cormanic co	erson acting on your beed in section 2 ully understand that action					
The pers I, To m By s pers Sigm Sect	Name the igning on action 6	e of person require reques below, I cong on my	ck that you have been give ction 2 (The data subject) whose information is being uested (PRINT) t for access to my person declare that I have given reson whose information is being the complete copies. Legal Authority to request of Attorney/ Enduring Position 2.	Authorise al information y consent s of my persong requested est access (lawer of Attorior access)	Name on, as d freely a sonal inf Date: Please t	of pereception of per	the request by the erson acting on your beed in section 2 ally understand that ation					
The pers I, To n By s pers Sign Sect 1 2	Name on action 6 I have	e of person requese below, I cong on my	ck that you have been give ction 2 (The data subject) whose information is being uested (PRINT) t for access to my person declare that I have given respectively behalf will receive copies erson whose information is being the behalf will receive copies to the behalf will receive copies the behalf will receiv	Authorise al information y consent s of my persong requested est access (lawer of Attoritection, and	Name On, as d freely all sonal inf Date: Please t rney, an	of perental of per	erson acting on your beed in section 2 ully understand that ation aclose evidence*					
The pers I, To n By s pers Sign 2 3	Name on naction of the large of	e of person request below, I cong on my By the person request below, I cong on my	ck that you have been give ction 2 (The data subject) whose information is being uested (PRINT) t for access to my person declare that I have given reson whose information is being the complete copies. Legal Authority to request of Attorney/ Enduring Position 2.	Authorise al information y consent s of my persong requested est access (lawer of Attoritection, and ity for this c	Name On, as d freely a sonal inf Date: Please t rney, an I enclos hild, and	of perental of per	the request by the erson acting on your been section 2 ally understand that ation aclose evidence*	t the				

Section 7

Declaration

By signing below I confirm I am asking for access to personal data and I consider I have the authority/ permission to make such a 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.

I acknowledge that it is an offence to knowingly obtain or disclose personal data (or the information contained in personal data) or get information about another person without the consent of the Data Subject of the Trust.

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: <u>bsmhft.informationrequests@nhs.net</u>

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 completed form to: <u>bsmhft.informationrequests@nhs.net</u>

Other Formats: To receive this information in another format please contact-PALS on 0800 95 30 045