



# 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.

|  |  |               |   |                |   |   |           |   |   |   |
|--|--|---------------|---|----------------|---|---|-----------|---|---|---|
| <b>Section 1</b>   | Details of the person making the request |               |   |                |   |   |           |   |   |   |
| Surname:   |  | Date of Birth | D | D              | M | M | Y         | Y | Y | Y |
| First Name(s)  |  |               |   |                |   |   |           |   |   |   |
| Current Address:   |  |               |   |                |   |   |           |   |   |   |
|  |  |               |   |                |   |   | Postcode: |   |   |   |
| Please provide the following details if you are happy for us to contact you in this way: |  |               |   |                |   |   |           |   |   |   |
| Home Number:   |  |               |   | Mobile Number: |   |   |           |   |   |   |

|  |  |               |                           |                            |   |   |           |   |   |   |
|--|--|---------------|---------------------------|----------------------------|---|---|-----------|---|---|---|
| <b>Section 2</b>   | Details of the person you are requesting information about |               |                           |                            |   |   |           |   |   |   |
| Surname:   |  | Date of Birth | D                         | D                          | M | M | Y         | Y | Y | Y |
| First Name(s)  |  |               |                           |                            |   |   |           |   |   |   |
| Current/ Most Recent Address:  |  |               |                           |                            |   |   |           |   |   |   |
|  |  |               |                           |                            |   |   | Postcode: |   |   |   |
| NHS No' (if known):  |  |               |                           | Trust Reference (if known) |   |   |           |   |   |   |
| Details of information being requested (please provide details), e.g. doctors name, time period: |  |               |                           |                            |   |   |           |   |   |   |
| Is the person named above your child or dependent? (Please tick)                                 | Yes  |               | Please complete section 3 |                            |   |   |           |   |   |   |
|  | No   |               | Please complete section 4 |                            |   |   |           |   |   |   |

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>Section 3</b>   |   | Requests on behalf of a child or dependent                                   |                           |
| I,   |   | Wish to make a request on behalf of my child/ dependent, named in section 2. |                           |
|  | Please PRINT name   |  |                           |
| <b>To make this request, I confirm that my child or dependent...</b> (Please tick) |   |  |                           |
| 1  | Has given me permission to make the request:                          |  | Please complete section 5 |
| 2  | Lacks sufficient maturity to understand the request:                  |  | Please complete section 6 |
| 3  | Lacks the mental capacity to make a request or provide their consent: |  | Please complete section 6 |

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>Section 4</b>                                  |   | Requests made on behalf of someone  |                           |
| I,  |   | Have been given permission by the person in section 2, or has the Legal Authority, to make a request. |                           |
|   | Please PRINT name   |   |                           |
| 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 |

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| <b>Section 5</b>  |   | Consent of person whose information is being requested |                                      |
| The Trust must check that you have been given permission to make the request by the person named in section 2 (The data subject)  |   |  |                                      |
| I,  |   | <i>Authorise</i>                                       |                                      |
|   | Name of person whose information is being requested (PRINT) |  | Name of person acting on your behalf |
| To make the request for access to my personal information, as detailed in section 2   |   |  |                                      |
| By signing below, I declare that I have given my consent freely and fully understand that the person acting on my behalf will receive copies of my personal information |   |  |                                      |
| Signed:   |   | Date:  |                                      |
|   | By the person whose information is being requested          |  |                                      |

|   |  |   |  |
|---|--|---|--|
| <b>Section 6</b>  |  | Legal Authority to request access (Please tick) |  |
| 1   | I have a Power of Attorney/ Enduring Power of Attorney, and <i>enclose evidence*</i>       |   |  |
| 2   | I have been appointed by a Court of Protection, and <i>enclose evidence*</i>               |   |  |
| 3   | I confirm that I have parental responsibility for this child, and <i>enclose evidence*</i> |   |  |
| *You may provide photocopies; however, we may need to view originals in some cases.<br>**We will assess these on a case by case basis and inform you of our decision. |  |   |  |

|  |                    |       |  |
|--|--------------------|-------|--|
| <b>Section 7</b>   | <b>Declaration</b> |       |  |
| <p>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.</p> <p>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.</p> |                    |       |  |
| Full Printed Name:   |                    |       |  |
| Signature:   |                    | Date: |  |

|  |                    |   |
|--|--------------------|---|
| <b>Contact Details</b>   |                    |   |
| If you have any questions or difficulties with completing this form please contact us: |                    |   |
| Tel: 0121 301 1155   | Fax: 0121 301 1103 | Email: <a href="mailto:bsmhft.informationrequests@nhs.net">bsmhft.informationrequests@nhs.net</a> |

|  |
|--|
| <b>Please ensure you enclose two copies of your identification</b> |
| Please refer to Guide 2 for further details.                       |

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| <b>Please return completed forms to...</b>   |
| <p>Right of Access Requests<br/> Records Department<br/> Trust Headquarters<br/> Unit 1, B1<br/> 50 Summer Hill Road<br/> Birmingham<br/> B1 3RB</p> |
| Or email completed form to: <a href="mailto:bsmhft.informationrequests@nhs.net">bsmhft.informationrequests@nhs.net</a>                               |
| <b>Other Formats:</b> To receive this information in another format please contact-PALS on 0800 95 30 045  |