

1. Identity of patient about whom information is requested (please print clearly & use dark ink)	
Miss / Mr / Mrs / Ms (please circle)	Previous name/s (if applicable):
Full Name:	
Current address:	Former address (with date of change):
Date of birth:	NHS number (if known):  Hospital number (if known):
Contact phone number (including area code):	
I am the patient: <input type="checkbox"/> YES <input type="checkbox"/> NO	

I am acting for the patient, and I attach the patient's written authorisation/consent	<input type="checkbox"/>
The patient lacks the capacity to understand the request and I attach evidence that I am acting for the patient (Personal Welfare Power of Attorney (healthcare version), Independent Mental Capacity Advocate (IMCA) or Court Order)	<input type="checkbox"/>
The patient is under the age of 16 and I have parental responsibility, or I am acting in loco parentis, and I attach proof of my parental responsibility (mother or father named on the child's full birth certificate. If a father is not listed, a copy of the parental responsibility agreement). Please note further checks may be made regarding parental responsibility.	<input type="checkbox"/>
I am the deceased patient's Personal Representative and I attach confirmation of my appointment (copy of a Will, Letter of administration or Grant of Probate showing you are the Executor of the Will or Administrator of the Estate)	<input type="checkbox"/>
I am making a claim on the estate of the deceased patient and wish to access information relevant to my claim and I attach confirmation of this in writing.	<input type="checkbox"/>

Name and address of Applicant:

Page 1 of 3

The information will be provided free of charge, and will be provided within one calendar month of receipt of the request. If the request is complex or numerous then an extension of a further one month may be required. You will be informed of such an extension within one month. If a request is considered to be manifestly unfounded or excessive, particularly if it is repetitive then the request may be refused, or a reasonable fee will be charged to cover the administrative cost of providing the information. If the request is refused an explanation will be given and you will have the right to complain to the supervisory authority.

### 3. Records Required

**Health records and Radiology** will be shared with you online, you will receive an email inviting you to register an account with the subject access request portal.

**Please tick boxes you require:-**

Health Records: ☐

Radiology Images & reports: ☐

Radiology Reports only:  
**(no images)** ☐

Please provide the email address you wish the health records and/or Radiology to be sent to:

**Enter email here:**

### Dates and types of records requested.

Please give details below (continue on another page if necessary.)

**PLEASE ENSURE THIS SECTION IS COMPLETED TO HELP US PROVIDE THE INFORMATION YOU ARE REQUESTING. IF THIS IS NOT COMPLETED IT WILL DELAY THE PROCESS.**

**Signature of Applicant:**

**Please note:** Typed name is not acceptable; a signature is required. We will accept a scanned digital signature. If this is not possible, please physically sign and either scan and email the form or post it to us.

**Return form to:**

Request for Information (RfI) Team  
Corporate Governance Office  
East Sussex Healthcare NHS Trust  
District General Hospital  
Kings Drive  
Eastbourne  
BN21 2UD

**Or e-mail a scanned copy to:**  
[esh-tr.SAR@nhs.net](mailto:esh-tr.SAR@nhs.net)

**Print name:**

**Date:**

**Identification documents required.  
WHAT YOU NEED TO DO NOW**

**(A) If you are applying for your own health records you will need to supply copies of the following documentation:**

1. 1 x copy of current photo ID (e.g. a passport, driving licence or public transport travel pass),  
**and**
2. 1 x copy of a utility bill showing your current address (e.g. a gas bill or bank statement)  
– this must be dated within the last six months

**OR**

**(B) If you are applying on behalf of someone else you will need to supply copies of all documentation listed in (A) above as well as a copy of the relevant document from the statement you have ticked in Box 2.**

**IMPORTANT:** When returning your application form please ensure you provide copies of the identification documents requested above – **we are unable to process any requests without identification.**