

**Staff use:**

SAR System reference:



# Data Subject Access Request (SAR)

## Section 01 – ‘Data Subject’ or ‘Applicants’ Details (mandatory)

(If you are requesting information on behalf of another i.e. you are their representative fill in [Section 01](#) with their details, if it is children’s records also fill in [Section 03](#)).

This request is for ‘personal data’ held by Manx Care.

It is recommended that you use this form when making your request as it is designed to capture all the information required.

Please read all the Subject Access Request Guidance Notes at the back of this form.

**Please complete this form in capital letters using black ink.**

<b>Title</b> (please circle one):	<b>Mr Mrs Miss Ms Other (please state):</b>
Family Name / Surname:	
First Names(s):	
Current address:	
	Postcode:
Contact telephone number(s)	
Email address:	
Date of Birth:	<input type="text"/> <b>Please provide proof of identity - see guidance notes at the end of this form.</b>

### Children’s Records:

Please note if you are requesting your child’s records you will have to provide proof of parental responsibility. [You must also complete Section 03 of this form.](#)



Please indicate ✓ the areas your records are held (where you received your care)

Please note for General Practitioner (GP) records you must contact your surgery yourself.

### Nobles Hospital Group

	<b>General Medical Record held by Nobles</b> <i>Includes e.g. surgery</i>	<i>Does your request include the areas listed in the adjacent column? Please ✓ if it does.</i>
	<b>Nobles - Audiology</b>	
	<b>Nobles - Emergency Department (A&amp;E)</b>	
	<b>Nobles - Maternity</b>	
	<b>Nobles - Pathology / Results</b>	
	<b>Nobles - Radiology (images, scans &amp; X-rays)</b>	
	<b>Nobles - Physiotherapy at all sites</b>	<i>Please state location in "My request box"</i>
	<b>Ramsey Cottage Hospital</b>	
	<b>Occupational Therapy at Nobles site</b>	
	<b>Occupational Therapy - other sites</b>	<i>Please state location in "My request box"</i>
	<b>Dieticians</b>	

### Community and Primary Care Health Services

	<b>Manx Emergency Doctors Service (MEDS)</b>	
	<b>Adult Learning Disabilities Liaison Nurse</b>	
	<b>Adult Learning Disabilities</b>	
	<b>Adult Speech &amp; Language Therapy</b>	
	<b>Adult Therapy Services</b>	
	<b>Parkinson's Nurse Specialist</b>	
	<b>Continence Advisor</b>	
	<b>Long Term Conditions Coordinators</b>	
	<b>Health Visitor for vulnerable Adults</b>	
	<b>Health Visitors</b>	
	<b>Community Health Safeguarding Team</b>	
	<b>Tissue Viability Nurse</b>	
	<b>Ramsey wound management</b>	
	<b>Podiatry</b>	
	<b>Wheelchair Services</b>	
	<b>Family Planning Clinic</b>	
	<b>District Nurses</b>	
	<b>School Nurses</b>	
	<b>Children's Therapy Services</b>	
	<b>Government Dental Services</b>	
	<b>IOM Prison Health Service</b>	
	<b>Opticians</b>	<i>Please state sight tests and/or vouchers in "My request box"</i>

### Social Services

	<b>Children &amp; Families Social Care</b>	
	<b>Adult Social Work</b>	
	<b>Adult Residential Care</b>	

### Other Services

	<b>Mental Health Services</b>	
	<b>Occupational Health</b>	<i>For IOM Government staff employees only</i>

The list above is not exhaustive please use the box on the following page if necessary.

The list above is not exhaustive, if you cannot find the area you had your care in please tell us about it here:

### Section 03 – Children’s records (if applicable)

Please note – Personal information about a child will only be disclosed to parents, advocates or solicitors, if staff are satisfied that the child’s informed consent has been freely given, or it is in the child’s best interest. Information will only be disclosed to those parents/agents who have signed the form. Both parents should sign the form if this is a joint application.

Manx Care will seek consent of the child, or young person, when they are of an age and understanding to give informed consent freely to their data being released to you, even if you have parental responsibility for them. If they are deemed competent to make the decision, we will honour it. Should they refuse to consent, we may not disclose the information to you.

Please detail the children that you would like records for:

Full Name:		Date of Birth:	
Address:	Postcode:		
Full Name:		Date of Birth:	
Address:	Postcode:		
Full Name:		Date of Birth:	
Address:	Postcode:		
Continue on a separate sheet if required.		Please tick this box if a separate sheet is included:	

### Section 04 – Previous Subject Access Requests (if Applicable)

Please note – this section only applies if we have had a previous subject access request (SAR) disclosure for the person named in Section 1. SARs made within 6 months of each other may be declined if the information we hold has not been updated.

Date of previous SAR application:	Name on previous Application:
Details of previous records requested:	

## Section 05 – Representative’s Details (if relevant)

Representative’s name and company (if applicable)	
Representative’s telephone number	Postcode:
Representative’s email address	

## Section 06 – Declaration (mandatory - tick as appropriate) and identity proofs

	I am the person named in <a href="#">Section 01</a> . The information supplied in this request is correct
	I am the person named in <a href="#">Section 01</a> . The information supplied in this request is correct <b>and</b> I would like my data to be disclosed to the representative, named in <a href="#">Section 05</a> above.
	I have parental responsibility for the person(s) named in <a href="#">Section 03</a> (see guidance notes).
Signed:  Print Name: <span style="float: right;">Date signed:</span>	
A person who impersonates another, or attempts to impersonate another, may be guilty of an offence.	

To establish your identity (so that we can release your records) we need to see:

- one photo identity proof and
- one proof of the address you live at.

Do not send in original documents - a photocopy is acceptable.

Identity proof required	Type of copy proof submitted with the application
Photographic proof: e.g. driving licence, passport, IOM Government 18+ card	
Proof of where you live: e.g. a recent utility bill, bank statement or official IOM Government letter. It must have your own name on the document.	

## Who do I contact if I have any questions and need some help?

Information Governance Team  
Tel: (01624) 642621  
Email: [DPO-ManxCare@gov.im](mailto:DPO-ManxCare@gov.im)  
Please title your email "SAR Application"

## What happens next?

### Use this checklist to help make sure your application is valid

	Are the contact details in <a href="#">Section 1</a> (and Representative Details in <a href="#">Section 5</a> – if applicable) correct?
	Have you provided enough detail about your request in <a href="#">Section 2</a> ?
	Have you signed <a href="#">Section 6</a> ?
	Have you enclosed two forms of <b>copy</b> identification proofs?
	If applicable - have you enclosed proof of parental responsibility?
	If applicable - have you enclosed authority to represent the data subject?

### Send the form and copy proofs to:

Information Governance Team  
Crookall House  
Demesne Road  
Douglas  
Isle of Man  
IM1 3QA

## What we do once we have received your application.

- We will acknowledge your request in writing and start processing your records.
- If your request is valid, but we are unable to identify you we will advise you of this. Your request may be closed or delayed because of this.
- We will write to you again once the record(s) is ready for collection. We will also write to confirm if there are no records available.

### Please note:

- The period of one calendar month (in which we must respond to your request) cannot commence until we are satisfied that the proper documentation has been received.

## Subject Access Request - Guidance Notes for completing the application form

### Subject Access Requests - Background

Subject to certain exemptions, you have a right to be told whether we hold any personal information about you and a right to have a copy of that information.

Any third party information held within your records will be removed from any copies given to you. You are not entitled to be given information about someone else, unless that person agrees and gives their written consent.

If you wish to discuss any aspect of your request; please telephone the Manx Care Information Governance Team: **(01624) 642621** for further guidance.

A Subject Access Request cannot be processed without the data subject's (the person whose details are being requested) signature (consent) unless you are requesting children's records and you have parental responsibility.

Agents (for example: Advocates) may request information on behalf of a data subject. Manx Care retains the right in certain circumstances to establish informed consent with an individual if an Agent is acting on their behalf prior to disclosure.

### Section 01 - Proof of Identity

We need to be satisfied that you are who you say you are.

Consequently, two forms of evidence of identity will be required to process your application. These proofs **should be a photocopy**; do not provide the original documents as we cannot be responsible for their safe keeping.

### Section 01 – Fee and processing your application

Under GDPR, most requests for information can be made free of charge. However, a reasonable fee can be charged for further copies of the same information, particularly if it is repetitive.

Manx Care has **one calendar month** from when payment is received (if applicable) to process your Subject Access Request. Once this completed form and the above fee (if applicable) is received by Manx Care, your application will be processed accordingly. Please note that the time scale can be extended by a further two months where the request is complex. You will be contacted within the first calendar month if an extension is required.

The information that we disclose to you is a copy of your data held and not a disclosure of the original document(s).

A copy of any information supplied must be collected by you. It will be posted only in exceptional circumstances.



### **Section 02 - Details of information required (mandatory)**

“My request – please write clearly” in this box please describe the information you want.

Please give as much information as you can to help us identify the record(s) you are particularly interested in. Include for example a date range and details of any specific information you would like to know.

It may be that your request covers more than one service area therefore place a tick in the relevant service areas listed. If the area you received your care in is not on the list please use the box below to say the where you had your care. It is helpful to list the location as well.

If your request is not clear we will contact you for further clarification and this will delay the process for you. If you need any help with the completion of your application please telephone us on the numbers listed on page 7.

### **Section 03 – Children(s) Records**

This section is to be used if you are requesting your child(s) records.

#### **Please note:**

Personal information about a child will only be disclosed to parents and agents if staff are satisfied that the child’s informed consent has been freely given, or it is in his/her best interest. Information will only be disclosed to those parents/agents who have signed the form. Therefore, both parents should sign the form if this is a joint application.

We will seek the consent of children and young people where they are of an age and understanding to give informed consent freely to release the documents (their data) to you, even if you have parental responsibility for them. If they are deemed competent to make this decision, we will honour it. Should they refuse to consent, we may not disclose the information to you.

Proof of parental responsibility, for example, a birth certificate may be requested in addition to the data subject’s own identification. We may also ask for further documentation if necessary.

### **Section 04 – Previous Subject Access Requests (if Applicable)**

This information helps us to link any requests that may have been made previously about the same person.

### **Section 05 – Representative’s Details (if relevant)**

A representative is a legal company who has been employed by you to deal with your legal matters. In the case of children, the parent can act as a representative, if Parental Responsibility is proven, and the child is agreeable.

### **Section 06 – Declaration (mandatory - tick as appropriate) and identity proofs**

For this to be a valid request you must complete the declaration and state the type of copy identity proofs you are providing.