



## Personal Application for Access to Personal Data

Please complete this form in capital letters using black / dark ink. To assist us process your request in a timely manner please provide as much information as possible in each section.

Completed forms and proof of identification should be sent [access.disclosure@sthk.nhs.uk](mailto:access.disclosure@sthk.nhs.uk)

It is requirement that your records must be sent via a safe and secure format. Therefore, you will receive your information via secure email, please ensure you provide your preferred email address for the disclosure of your records.

### Section 1 - Personal Details

Surname:.....	
First Name:.....	
Middle Name/s:.....	
Date of Birth:	Hospital Number (if known)
Contact Phone Number	E-mail Address:
Landline:	
Mobile:	
Current Address Including Postcode: ..... ..... .....	
If your name and/or address were different from the above during the period/s for which you are applying, please provide details:	
Previous name/s with dates: .....	
Previous address/s with dates:..... .....	
Are you aware if you have previously been adopted: Yes / No If so please provide us with any relevant information such as the date and your previous name:- ..... .....	

[Section 2 – Access and Records](#)

**I am applying for copies of my:**

- Full Medical Record
- Sections of my Medical Record (include date range)
- Radiology Reports
- Radiology Xrays
- Medical Photographs
- In Patient Records
- Employment Record

[Section 2B – Additional Information \(Request for Medical Records Only\)](#)

You do not have to give a reason for applying for your health records. However, to help save time and resources, it would be helpful if you could please provide as much information as possible for example name of consultant and dates of treatment.

Date attended	Hospital	Type of Attendance	Ward or Clinic	Consultant

[Section 2C - Employment Record \(MWL Employee Only\)](#)

Department	Assignment Number	Type of Record (i.e. HR)	Date Range for Search



**Section 3 – Declaration**

**I declare that I am the individual named in this application and that the information I have given in this form is correct to the best of my knowledge. I enclose the following evidence to confirm my identity\*  
*\*Please do not send originals as these cannot be returned, copies only.***

Signature.....

Date.....

Full Name of Applicant (Block Capitals).....

Email Address.....

**Please note:**

**Once your completed application has been received into the department with any required supporting Documentation, we will aim to process your request within one calendar month.**

**Section 4 - Proof of Identity**

Please supply a photocopy of one document from sections A and B to support your application.

**A. Confirmation of name**

- Driving licence
- Passport
- Bus Pass
- Birth certificate

**B. Confirmation of address**

- Recent (less than 6 months) utility bill (gas, electricity, council tax or water services)
- Recent (less than 6 months) mortgage/bank statement/ DWP benefit statement / pension statement

NB – where a member of staff is making a request, a copy of their Trust issued ID badge will be accepted (on basis that the Trust has undertaken validation steps prior to issuing the ID card)

**Privacy Notice**

The Trust Privacy Notice explains in detail the type of personal data that we, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), process about you. What we do with the information that we collect and hold about you and why we might need to share it with other organisations involved in the delivery of your care.

Please refer to our [Privacy Notice](#) should you wish to know more on how your data is used by the Trust.