

**Application for access to records under the General Data Protection Regulations 2018,
the subject access provisions of the Data Protection Act 2018 and the
Access to Health Records Act 1990**

Leicestershire Partnership NHS Trust provides integrated mental health, learning disability and community health services in a variety of settings. To help us locate the health records you require please provide as much information as possible.

**Section A– Information about the person whose health records are being requested,
i.e. the data subject.**

Name:	
Any other name(s) known by: <i>(For example previous surnames, or names the patient preferred to be known as).</i>	
Current home address: <i>(with postcode)</i>	
Day time telephone number:	
Previous address (if applicable)	
Date of birth:	
NHS Number: <i>(if known)</i>	
Hospital numbers: <i>(if known)</i>	
Please give any information about the health records you require, including services, locations and dates:	
Any other additional relevant information:	

Section B – to be completed by the person making the request

I declare that the information in this form is correct to the best of my knowledge and that:
(please tick and complete the information requested)

- **I am the data subject (the person whose records are being requested)**
- **I have been asked to make this application by the data subject**
(You will also be required to confirm your legal entitlement to access the records, e.g. consent from the data subject)
- **The patient is under 13 years of age and I am acting in loco parentis**
- **The person is deceased**
(You will also be required to confirm your legal entitlement to access the records, e.g. personal representative of the deceased or you have a claim arising out of the death)

Name of person making the request:	
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Email address: <i>(if you are happy to be contacted by email), or</i> Postal address: (with postcode)	
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Day time telephone number:	
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Signed: Date:

The completed application form should be returned to:

**Information Requests Team
Leicestershire Partnership NHS Trust
Suite P1, Bridge Park Plaza
Bridge Park Road,
Thurmaston
Leicester
LE4 8BL**

If you have any queries, please contact the team:

Tel: (0116) 225 3727

Email: LPT-SARRequests@leicspart.nhs.uk

Please do not email personal information until a secure email account has been set up with you.

Further information can be found at:

<https://www.leicspart.nhs.uk/Contact-Requestyourrecords.aspx>