

WEST PARADE PHYSIOTHERAPY LTD
Data Protection Act 1998
YOUR RIGHT TO INFORMATION

The Data Protection Act 1998 gives you (the Data Subject) the right to apply for a copy of information about yourself. You may, if you so wish, appoint someone (an agent) to apply on your behalf eg. your parent or a solicitor.

In order to help you, and ensure confidentiality, we will need to ask you for:-

- A request in writing
- Evidence to confirm your identity, for example, bank card, driving licence or birth certificate
- Sufficient information to locate the data requested

The Council cannot and is not by law obliged to comply with a Subject Access request on the basis of "What does West Parade Physiotherapy Limited hold about me?"

We are entitled to ask reasonable questions to identify the information you require and what your working and business connections are with us to help locate where the data may be held. Please help us to help you.

We are entitled by the Act to charge a fee. It is therefore, the policy of West Parade Physiotherapy Ltd to charge £50 for time, photocopying, postage.

A form is attached to help you lodge your request.

Once your request has been received, the Data Protection and Freedom of Information Team will liaise with the appropriate area of the West Parade Physiotherapy Limited to locate the information you have requested.

The information will be reviewed to establish the information you are entitled to under the Data Protection Act. Information which identifies other people will not be released, unless they have given their permission.

You will be provided with a response promptly, or at least within 40 calendar days as required by the law.

If you have any queries about the Data Protection Act and your rights, please contact:

Information Governance Lead
West Parade Physiotherapy Ltd
Total Fitness Gymnasium
Kingsley Road
Lincoln
LN6 3TA
Tel/Fax: 01522 693333
Email: mail@wppt.co.uk

WEST PARADE PHYSIOTHERAPY LTD
Data Protection Act 1998
APPLICATION FOR SUBJECT ACCESS

Please complete this form in as much detail as possible. What you tell us here will be used only to help us find the information you have asked for. This will involve liaising with relevant parts of West Parade Physiotherapy Ltd.

1. Details of the Data Subject (*the person whom the information is about*)

Title First Name(s)	Last Name
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Address

Postcode Daytime telephone number

Email address

If you think it is relevant, please give your previous address and the date you moved from there

2. Please tick as appropriate

I am making this application about myself

I authorise someone else (my Agent), whose details are given below, to deal with this application on my behalf

3. Agent's Details (*Note: the Agent must complete the Agent's Declaration on page 3*)

Title First Name(s)	Last Name
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Address

Postcode Daytime telephone number

Email address

Agent's relationship to you (<i>eg. solicitor, parent, family member, Power of Attorney etc</i>)

4. I would like the reply to this request to be sent to (please tick)

My home address My authorised agent's address

I would like to/I authorise my agent to collect the reply personally. (You/your agent will be asked to produce proof of identity)

5. The information you require

Please describe the information you seek. Please include any relevant information to help us identify the information you require. For example, the date that you were treated, any customer or patient reference numbers, Physiotherapist name(s) that has treated you. Please attach additional pages as required.

6. If you have already had contact within someone in West Parade Physiotherapy Ltd regarding this request, please indicate the name of the person you have spoken to.

Contact Name(s)	Date(s)
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I understand that to ensure confidentiality it may be necessary for the West Parade Physiotherapy Ltd to obtain further information to confirm my identity and to locate the data sought.

Your signature	Date
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You should receive an acknowledgement of this request within 7 days of receipt. If not, please contact the Caldicott Guardian on telephone 01522 693333 or email mail@wppt.co.uk

Please post this form to:

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Total Fitness Gymnasium
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**DATA PROTECTION ACT 1998
APPLICATION FOR SUBJECT ACCESS
AGENT'S DECLARATION**

To be completed where someone else is applying for the information on behalf of the Data Subject

Title

First Name(s)

Last Name

Organisation *(if relevant)*

Postcode

Daytime Phone No.

Email address

Relationship to Data Subject *(eg. solicitor, parent, family member, Power of Attorney etc)*

I declare that I make this application on behalf of and solely in the interests of the named Data

Subject, _____ *(insert his/her name here)*.

I accept that to ensure confidentiality, West Parade Physiotherapy Ltd may need to make further enquiries to validate this authorisation.

Agent's signature

Date