



The Falkland Islands Government

KEMH, Stanley, Falkland Islands

Telephone: (500) 28000

E-mail: JVincent@kemh.gov.fk

INTRODUCTION

Individuals (also referred to as Data Subjects) have a right in accordance with FIG Data Protection Policy, Access to Information Code of Practice 2016 and Access to Health Records Ordinance 1995, to obtain a copy of their medical records and personal information held about them.

The Falkland Islands Government endeavours to respond to your request within 20 working days from receipt of the request. The 20 days may be extended if the request is complex but the Government Department will inform you if this applies.

To enable the relevant Government Department to deal promptly with this request please complete this form as accurately as possible. You can post the completed form and identification to: Healthcare Governance Manager, KEMH, St Mary's Walk, Stanley or you can email JVincent@kemh.gov.fk

FULL DETAILS OF DATA SUBJECT - the person who the personal information is about										
Title (please tick)	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (please state)	
Surname / Family Name										
First name(s)										
Former / Maiden Names										
Date of Birth										
The Data Subject's current address and postcode										
Home telephone Number					Mobile Number					
Email address										
Is the request for your own information or someone else? (please tick)					Own		<input type="checkbox"/>	Someone else		<input type="checkbox"/>
COMPLETE THE BELOW IF YOU ARE MAKING A REQUEST ON THE BEHALF OF ANOTHER PERSON										
Name										
Address										
Email address										
If someone else, what is your relationship to them?										
Which address entered on this form should be used for correspondence? (please tick)					Applicant's		<input type="checkbox"/>	Data Subject's		<input type="checkbox"/>

INFORMATION SEARCH AREAS

Please provide a description of any information you specifically require in order to assist us to meet your needs

Reference e.g. EPR number (if Known)	Description of medical records related to treatment (include date range) e.g. records relating to a broken ankle following a fall, July – August 2021



HOW WE SUPPLY THE INFORMATION TO YOU

The information will be supplied to you in a permanent format. This will generally be electronically via a USB stick or email and depending on the number of pages (fewer than 10) then paper copies can be provided. **(USB and Paper Copies will incur a cost)**

FIG is unable to take responsibility for the security of the information when you receive it.

Electronic format required?	<input type="checkbox"/>	Yes/No	<input type="checkbox"/>
Email address			

DECLARATIONS

DATA SUBJECT'S DECLARATION

The information that I have supplied in this application is correct and I am the person named in the Data Subject section.

Signed	Date

GUARDIAN OR AGENT DECLARATION (if applicable)

The information that is supplied in this application is correct and I am authorised to act on behalf of the Data Subject.

Signed	Date

Note: If you are a solicitor or agent appointed by the Data Subject, please attach a signed copy of the authority to act on the Data Subject's behalf.

PROOF OF IDENTITY

We will need proof of your authorisation to act on behalf of the Data Subject if the application is not for your own personal data.

GENERAL INFORMATION

The information on this form will only be used to enable FIG to meet your subject access request. This form will be scanned to the EPR system for record of the request.

OFFICIAL USE ONLY

Date received		Post / Email / in person?	
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CHIEF MEDICAL OFFICER/SENIOR DENTAL OFFICER DECLARATION (as applicable)

The information requested can be disclosed to the person submitting the subject access request

Signed by	Date