



How to access your health records.

You are entitled to obtain a copy of all the documents that the Commission holds about you. However, if you are looking for copies of your health records, it might be quicker for you to approach the medical records department of your health board instead.

This is because when records contain health information, we need to get the opinion of the health professional responsible for your diagnosis, care or treatment relating to the records you want. This is to ensure that sending you the records will not cause serious harm to the mental or physical health of you or anyone else. This is known as the 'harm test' (Data Protection Act 2018. Schedule 3 DPA 2018. Part 2. 6).

In practice this means that, in most cases, we will forward your request to your responsible medical officer, or to the Health Board medical records department so that they can locate the most suitable health professional. Requesting the information directly from them might help you to obtain a quicker response. Importantly, your care team will also be able to provide you with further support in understanding your medical records if you need it.

If you still want to access personal information about you held by the Commission (including health records) please submit your request to us. This form can be used to submit your request and it also explains how we will process it.

SUBJECT ACCESS REQUEST FORM

You should complete **FORM A** if you want us to supply you with a copy of any personal data we hold **about you**.

You should complete **FORM B** to apply for personal information **about someone else** if you have their permission or have a legal authority to do so.

Separately, we can provide you with information about any processing of your personal data that we carry out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist. Please do this our separate form, "[Requesting information about how the Commission processes my personal data](#)"

It may be useful for you to read the [privacy statement](#) on our website or watch our video online as this explains more fully how we protect and manage your personal data. <https://www.mwcscot.org.uk/about-us/about-your-personal-information>

We will try to respond promptly to any requests for personal information that we receive and within one month of us receiving:

- Your written request; or
- Any further information we may ask you to provide to enable us to comply with your request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. **You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.** If you chose not to complete the form, you will **still need to provide us with proof of identity in most circumstances.**

I. FORM A. Requesting information about yourself

FORM A
SECTION 1: Please provide your personal details
Full name: <i>(including any name/names used previously)</i>
Address:
Contact telephone number:
Email address:
SECTION 2: What information are you seeking?
Please describe the information you are seeking. Provide any relevant details you think will help us to identify the information you require, for example records from within a particular timeframe or related to an incident. You don't have to do this, but it helps us narrow down your request and may allow us to process your request more quickly.

SECTION 3: Proof of identity

To ensure we are releasing data to the right person, you must provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

1) Proof of Identity: passport, photo driving licence, national identity card, birth certificate.

2) Proof of Address: utility bill, bank statement, credit card statement (no more than 3 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1 year old)

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request

If you are unable to provide proof in either or both of the above categories, please see Annex 1.

SECTION 4: Declaration

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to the Mental Welfare Commission for Scotland is true.

I understand that it is necessary for Mental Welfare Commission for Scotland to confirm my identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Please note that any attempt to mislead may result in prosecution.

Signed:

Date:

If you need help with completing this form, you can contact our Data Protection Officer by email at mwc.enquiries@nhs.scot or by writing to the address given in the [Contact Us](#) section of our website.

II. **Form B. Requesting information about someone else.**

FORM B	
SECTION 1: Please provide your personal details	
Full name: <i>(including any name/names used previously)</i>	
Address:	
Contact telephone number:	
Email address:	
SECTION 2. Please provide details of the person whom records you are requesting access (data subject)	
Full name: <i>(including any name/names used previously)</i>	
Address:	
Date of Birth:	
SECTION 3: What information are you seeking?	
Please describe the information you are seeking. Provide any relevant details you think will help us to identify the information you require, for example records from within a particular timeframe or related to an incident. You don't have to do this, but it helps us narrow down your request and may allow us to process your request more quickly.	

SECTION 4: Proof of your identity

To ensure we are releasing data to the right person, you must provide us with proof of **your identity** and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

1) Proof of Identity: passport, photo driving licence, national identity card, birth certificate

2) Proof of Address: utility bill, bank statement, credit card statement (no more than 3 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1 year old)

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request

If you are unable to provide proof in either or both of the above categories, please see Annex 1.

SECTION 5: Details of your authority for accessing the information.

If you are requesting access to someone else's personal information (data subject) you will **also** need to send us supporting evidence to show this. For example:

- A power of attorney, a guardianship order, a court order etc. Please send us a photocopy or a scanned image of the document. We do not need any other proof of the person's identity (data subject) if you provide this evidence.
- If you are going to provide us with a written authorisation or mandate signed by the data subject, please ensure that it is clear in the text that the person has authorised you to access their personal records held by the Commission. We will also require a proof of the data subject's identity with the written authorisation.

Please contact our data protection officer if you need further information.

SECTION 6: Declaration

Please note that any attempt to mislead may result in prosecution.

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to the Mental Welfare Commission for Scotland is true.

I understand that it is necessary for Mental Welfare Commission for Scotland to confirm my / the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signed:

Date:

If you need help with completing this form, you can contact our Data Protection Officer by email at mwc.enquiries@nhs.scot or by writing to the address given in the [Contact Us](#) section of our website.

Notes about your request

Sometimes there are exemptions (legal reasons) why we can't disclose the data to you. These exemptions include;

- Where other people are identifiable in the data and they have not given us permission to disclose it to you or
- An appropriate professional person decides that disclosing the data would cause you or someone else serious harm.

If the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can let you see that information, if this is practical. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

Sometimes we will not be able to provide you with some information, where an appropriately qualified person thinks that disclosing it may cause you or someone else serious harm.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with section 8(2) of the DPA, not to provide you with copies of information requested if to do so would take "disproportionate effort", or in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be "manifestly unfounded or excessive". However we will make every effort to provide you with a satisfactory form of access or summary of information if we can.

Annex 1

If you are unable to provide proof in either or both of the identity/address categories, we will accept a recent photograph, signed on the back by someone who has known you for 5 years or more. If this is the case, please ask the person to complete the section below.

I confirm that I have known the applicant for more than 5 years and can confirm that the photograph supplied is a true likeness of them. Please complete and sign below.	
Name of applicant	
Your relationship to the applicant and contact email address	(e.g.) friend, advocate, doctor, lawyer etc.
Name and signature of the person verifying identity	