



DATA SUBJECT ACCESS REQUEST

Please read the below guidance carefully before submitting your Request.

Thank you for contacting South Central Ambulance Service Information Governance Department to submit your request in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA2018).

Under GDPR/DPA2018, individuals have the right to obtain Personal Data including special category data held by South Central Ambulance Service (SCAS).

Please complete the below request form and email it back to the Information Governance Department at dpa@scas.nhs.uk, alternatively hard copies can be sent to the Information Governance department at South Central Ambulance Service, Northern House, 7-8 Talisman Business Centre, Talisman Road, Bicester, OX26 6HR.

You must include a form of Identification with your request this enables us to confirm your identity and prevent a potential data breach.

I.D should be scanned copies only we do **not** accept originals so please send copies only. Forms of Identification can include, Passport, Driving licence or a utility bill for your current address no older than three months old.

If you are making a request on behalf of the individual the data relates to then please provide Identification for both yourself and the data subject. Where applicable proof of relationship is required for example a scanned copy of medical power of attorney, we will only be able to provide personal data to an alternative party where we have explicit consent of the individual or have proof of dependency.

This can be discussed at any time with your case handler within the department.

Please be aware the information that you send via email and standard post may not be secure, SCAS do not take responsibility for any information sent to us via unsecure methods, all personal data requested will be sent back to the requester via encrypted email or where this is not possible recorded delivery.

Although there is no charge for a standard DSAR request please be aware SCAS may charge a “reasonable fee” when a request is manifestly unfounded, excessive or repetitive. This fee

is be based on the administrative cost of providing the information and you will be made aware of this at the earliest point of contact.

We will respond to your request at our earliest opportunity and always adhere to have your full request processed and complete within the one month time frame imposed by GDPR and the DPA2018.

Although the Information Governance department adhere to the time constraints set out within GDPR. Where requests are complex or numerous we may extend the deadline to three months. However, we will still respond to your request within a month to explain why the extension is necessary.

On receipt of your complete request form you will be provided a DPA reference number and this should be included in all correspondence.

If your request is in regards to an alternative individual data right please use the link to access the relevant request documents. [Exercise Your Rights](#)

Should you wish to contact Information Governance during the processing of your request please contact the team at dpa@scas.nhs.uk or alternatively via telephone on 01869 363177.



DATA SUBJECT ACCESS REQUEST FORM

Data Controller:

South Central Ambulance Service NHS Foundation Trust (SCAS)
ICO Registration No: **Z9522464**

Address of Organisation:

7-8 Talisman Business Centre Talisman Road
Bicester Oxon OX26 6HR

*Where you the requester are the Data Subject please input your own personal details below.
If you are submitting a request on behalf of the Data Subject please only input the individual's
details pertaining to the data request.*

Forename:

Surname:

Maiden Name or other names: (Where applicable):

Date Of Birth:

Full Address Including Postcode:

*If you are requesting information on behalf of the Data Subject please input your details below
as appropriate, this will enable us to legitimise your request.*

Full Name of Requester:

Relationship to Requester:
(e.g. Medical power of attorney)

Please ensure a copy of the appropriate identification is included when returning the form.

Please give a brief description of the information that is required:

(e.g. A patient report form created at the scene of an attendance by paramedics)

If you are unsure this can be discussed further with the Information Governance Department.

Date and Approximate time of contact to our services:

Location attended by the Ambulance service: (where applicable):

Any additional information we may find useful:

Email address for correspondence:

Contact Telephone Number for correspondence:

I declare that the information given by me is to the best of my knowledge, correct.

I understand the necessity for my information to be accessed in order for my request to be processed.

Signature:

Name:

Date:

Please ensure you include accompanying copies of identification, where I.D. is not sent your request cannot be processed.

In accordance with the DPA2018 and GDPR we have one month from the day after your full request is received with I.D. to respond.