

CONFIDENTIAL

REAUTHORISATION OF DATA SHARING FORM

Request for my information to be available to view in the South East London: London Care Record
This form is only used where the patient has previously completed a Right-to-Object.

If you now **WANT** your information to be viewed in the South East London: London Care Record, please fill out the form with appropriate identification (see below for more information) and return a scanned copy via email to: IG.irr@nhs.net
However, you may print and post it if you prefer, to the address below.

Information Governance – Individual Rights Requests
University Hospital Lewisham (UHL)
1st Floor, Estates Building,
Lewisham High Street, London SE13 6LH

If you have any questions or if you want to discuss your choices before completing this form, you can call 020 3192 6011 and leave your name and number for someone to contact you.

So that we can process your request, please can you provide the Trust with 2 forms of proof of identity. This can be a scan or picture of either a government issued photograph ID document (e.g. passport, UK driving licence, or UK Government biometric residence permit (BRP)). Plus, a scan or picture of one item of proof of address with your name and address on the correspondence, such as UK Building Society or Bank statement, Local Council Tax bill or utility bill (water, gas, or electricity bill (not a mobile phone bill)) dated within the last 3 months. We are content for personal details of the contents of the correspondence other than name and address to be concealed.

Please complete the PATIENT DETAILS in BLOCK CAPITALS

Title: _____ Surname / Family name: _____
Forename(s): _____
Address: _____
Postcode: _____ Phone No: _____ Email Address: _____
Date of birth: _____ NHS Number (if known): _____

- I am the person named above.
- The person named above is under 16 and I am their legal guardian / have parental responsibility.
- The person named above does not have capacity to give consent and I have lasting power of attorney.

I request that my / their information is made available to view in the South East London: London Care Record.

Signature: Date:

Relationship to person/child: Phone No:
