

DATA PROTECTION ACT 1998

How to apply for information held by the Northern Ireland Ambulance Service under the Data Protection Act 1998

How Can I Find Out What Information is Held about Me – YOUR RIGHTS?

You have a right to be told whether certain information is held in the Northern Ireland Ambulance Services (NIAS) systems about you and in most cases, a right to a copy of that information.

The Chief Executive will only give that information if he is satisfied as to your identity. He does not have to give you any information identifying someone else, unless that person agrees to its disclosure.

The Data Protection Act requires that you should be given details of any personal information held about you within forty days of the request. This period will start when your application containing the necessary information has been received from you.

£10 Fee

Payments must be in pounds sterling. Applications should not be accompanied by cash. Cheques or postal orders etc should be made payable to: **“Northern Ireland Ambulance Service”**.

Proof of Identify

To help establish your identify, your application must also include photocopies of two official documents that clearly state your name and date of birth, one of which should also show your address. Examples include – driving licence, medical card, birth certificate or other documentation of a similar nature.

Submitting the Completed Application Form

Completed application form together with proof of identifies should be forwarded to:

***Northern Ireland Ambulance Service, Chief Executive’s Office, Site 30,
Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG***

Notes on this page are only a guide. The law is set out in the Data Protection Act 1998, a copy of which is available from HMSO.

About Yourself

PLEASE USE BLOCK CAPITALS

Title (tick appropriate box): MR MRS MISS MS

Other Title (eg Dr, Rev)	
Surname:	
First Name(s):	
D.O.B	

Home Address (including postcode)

<i>Postcode:</i>

Address (including postcode), you wish the reply sent to, if OTHER than home address:

<i>Postcode:</i>

Request for Data Held

Please make available to me the records you hold in relation to events on:

DATE	
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Location of the Incident that Northern Ireland Ambulance Service attended:

Which related To (Patient's Name):	
Who was subsequently conveyed To: <i>(Destination Hospital)</i>	

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to access the information referred to as above, because (*tick as appropriate*):

- I am the patient;
- I have parental responsibility for the patient;
- I am the patient's representative (and I attach confirmation of appointment).

The Northern Ireland Ambulance Service may make available documents relating to the patient in circumstances other than the above. If none, of the above criteria is relevant, please complete the following:

I wish to access information concerning the circumstances of the patient's death for the following reasons:

I am the patient's next of kin, please confirm:

If this does not apply, please detail relationship to patient: _____

Declaration (to be signed by Applicant):

Signature of Applicant:		Date:	
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CHECKLIST

Before sending your application, please ensure you have:

- ✓ Completed all sections of the form:
- ✓ Enclosed identification documents;
- ✓ Signed the application form.

WARNING -

A PERSON WHO IMPERSONATES OR ATTEMPTS TO IMPERSONATE ANOTHER, MAY BE GUILTY OF AN OFFENCE
