APPLICATION FOR ACCESS TO MEDICAL RECORDS

Subject Access Request

**Details of the Record to be Accessed:**

|  |  |
| --- | --- |
| Patient Surname: | NHS Number: |
| Forename(s): | Address |
| Date of Birth: |
| If the name and/or address was different from the above during the period(s) to which this application relates, please give details below: | |
| Previous forename/surname: | |
| Previous address: | |

Details of the applicant (if different to person named above)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Relationship to patient |  |

Tick which of the following statements about the type of access you want to apply for.

|  |  |
| --- | --- |
| I am applying for access to view records only |  |
| I am applying for copies of medical record |  |

Please use this space below to inform us of certain periods and parts of the health record you may require. This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in a quicker response.

|  |  |
| --- | --- |
| I would like a copy of all records |  |
| I would like a copy of records between specific dates only (please give date range) |  |
| I would like copy records relating to a specific condition / specific incident only (please detail below) |  |
| Other (please detail below) |  |

**PLEASE NOTE- Medical Records can be accessed as part of the Practice’s online services. This may be a quicker and more convenient route for you to get access to the record**

You must provide one Primary and one Secondary form of identification for this application to verify identify (if you are requesting this on behalf of a patient you must provide valid ID for both the patient and yourself).

|  |  |
| --- | --- |
| **Forms of Primary identification** | **Forms of Secondary identification (last 3 months)** |
| Current passport | Council tax bill |
| Driving licence | Utility bill |
| Birth certificate | Other bill or statement addressed to you |
| **If patient lacks capacity** | |
| Enduring/Lasting Power of Attorney for Health and Welfare |  |
| Evidence of appointment as Independent Mental Capacity Advocate |  |
| **If patient is a child** | |
| Birth certificate | Child benefit letter |
| Adoption certificate |  |

**Declaration**

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

am entitled to apply for access to the health records referred to above under the terms of the

GDPR. Please tick which applies:

 I am the patient

 I have been asked to act by the patient and attach the patient’s written authorisation

 I have full parental responsibility\* for the patient and the patient is under the age of 18

and:

1. has consented to my making this request, or
2. is incapable of understanding the request (delete as appropriate)

 I have been appointed by the court to manage the patient’s affairs and attach a certified

copy of the court order appointing me to do so

 I am acting *in loco parentis* and the patient is incapable of understanding the request

 I am the deceased person’s Personal Representative and attach confirmation of my

appointment (Grant of Probate/Letters of Administration)

 I have written, and witnessed, consent from the deceased person’s Personal

Representative and attach Proof of Appointment

 I have a claim arising from the person’s death (Please state details below)

Signature of applicant: ...................................................... Date: ………………………..

**You are advised that the making of false or misleading statement in order to obtain**

**personal information to which you are not entitled is a criminal offence which could**

**lead to prosecution.**

**Additional notes**

Before returning this form, please ensure that you have:

1. signed and dated this form

b) enclosed proof of your identity or alternatively confirmed your identity by a countersignature

c) enclosed documentation to support your request (if applying for another person’s records)

Incomplete applications will be returned; therefore please ensure you have the correct

documentation before returning the form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Countersignature (only required where proof of identify is not available- this should only be completed in exceptional circumstances)**

**This section is to be completed by someone (other than a member of your family) who**

**can vouch for your identity. This section may be completed if 4A cannot be fulfilled.**

I (insert full name).................................................................................................................

Certify that the applicant (insert name).................................................................................

Has been known to me personally as .......................................... for ..........................years

(Insert in what capacity, e.g. employee, client, patient etc.)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if

further information is required to support the identity of the applicant as required.

Signed ................................................................................Date .........................................

Name ................................................................... Profession. .............................................

Address ................................................................................................................................

...............................................................................................................................................

Daytime telephone number ................................................................................................

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

**Proof of identity**

Please indicate how proof of ID has been confirmed. Please select ‘A’ or ‘B’:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Method in which identity is**  **confirmed** | **Option taken** | **Documents Verification** |
| A | Verified document as  noted in “evidence” section below | Yes/No | If Yes, please note document type, your initials and date seen |
| B | Countersignature - this should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided) | Yes/No | Please indicate reason why this section was completed |

**Evidence**

**Evidence of the patient’s and/or the patient’s representative identity will be required**

**Examples of required documentation are:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of applicant** | **Type of documentation** |  |
| **1** | An individual applying for his/her  own records | One copy of primary identity required and one copy of secondary identity. |  |
| **2** | Someone applying on behalf of an  individual (Representative) | One copy of primary identity required and one copy  of secondary identity for both the patient and the representative’s identity (see examples in ‘**A’** above) |  |
| **3** | Person with parental responsibility  applying on behalf of a child. | Copy of birth certificate of child, marriage certificate or residence order or adoption papers, & copy of recent (last 6m) correspondence addressed to person with parental responsibility relating to the patient and one copy of primary identity required and one copy of secondary identity. |  |
| **4** | Power of Attorney/Agent applying on behalf of an individual | Copy of a court order authorising Power of Attorney/Agent plus proof of the patient’s identity and proof of representatives identity |  |

**Parental responsibility- Births in England, Wales, NI**

Birth mothers have parental responsibility automatically,  - fathers or step parents need to establish if parental responsibility exists,

* + Married (biological) fathers have responsibility :  if married before child born, or subsequently,
  + Unmarried (biological) father have responsibility if listed on birth certificate (from 1.12.2003) – Scotland from 4.5.2006) (if born outside UK –apply rules for country child now resides)
  + Unmarried (biological) father –not on birth certificate, lived with mother many years, no responsibility unless applied for parental responsibility through court
  + Step parents do not automatically acquire parental responsibility unless they adopt child or acquire residence order
  + \*Divorce/separated - parents do not lose right to parental responsibility just because they divorce/separate, but don’t automatically have right to know the whereabouts of other people with Parental Responsibility or where the child is living.

|  |  |
| --- | --- |
| **Date SAR request received** |  |
|  |  |
| **Please state any Fee to be charged (if applicable)** | |
|  | |

Checklist for reception staff:

|  |  |
| --- | --- |
| Appropriate statement about the patient ticked |  |
| Type of access application ticked |  |
| Parts of the record required ticked |  |

If the patient is applying for access to another patients records, ensure they have the appropriate authorisation

Advise the patient of online services available

Give the patient the “Access to Medical Records- Information for Patients” pages

Advise the patient that the surgery will be in touch regarding the access request within 28 days

Advise the patient they need to provide valid documentation when collecting the data

Send task to person responsible for SARs advising the there is a new access request

**Please give all of the following pages to the patient**

# What will happen next with regards to your Subject Access Request- Information for Patients

**Please note- when collecting or viewing records, the applicant must provide valid photographic ID to verify identity.**

Thank you for your request for access to medical records, which we will comply with within 28 days.

* If you have requested access to records and wish to view them, we will contact you to arrange a mutually agreeable time for you to come in and view them.
* If you have requested copies of records we will contact you to let you know when they are ready for collection

If you have any queries regarding your application, please contact us.

In addition to a copy of their personal data, under GDPR we are also obliged to provide individuals with the following information:

* the purposes of your processing;
* the categories of personal data concerned;
* the recipients or categories of recipient you disclose the personal data to;
* your retention period for storing the personal data or, where this is not possible, your criteria for determining how long you will store it;
* the existence of their right to request rectification, erasure or restriction or to object to such processing;
* the right to lodge a complaint with the ICO or another supervisory authority;
* information about the source of the data, where it was not obtained directly from the individual;
* the existence of automated decision-making (including profiling); and
* the safeguards you provide if you transfer personal data to a third country or international organisation.

This information is included within our Practice Privacy Policy

**Notes- regarding your subject access request**

If you are using an authorised representative, you need to be aware that in doing so, they may gain access to all health records concerning you, which may not all be relevant. If this is a concern, you should inform your representative of what information you wish them to specifically request when they are applying for access.

GPs have ethical obligations around how patient records are shared, and this document will explain to you, in broad terms, the implications of making a Subject Access Request so you can make an informed decision on whether you wish to exercise your rights under GDPR.

Under GDPR you do not have to give a reason for applying for access to your health records.

Under the Access to Health Records Act you may need to give reasons for applying for access to a deceased person’s health records.

# Rights of Access to Personal Data

Individuals have the right, under the General Data Protection Regulation (EU) 2016/679 (Articles 12 and 15) to request access to, or a copy of, information an organisation holds about them. This information may be held on computer, in a manual paper system, video, digital image, photograph, x-rays, email, text message or by any other new or existing medium or media. This is called a Subject Access Request (SAR).

In addition, anyone making such a request is entitled to be given a description of how we process your data- details regarding this are shown in our Practice Privacy Policy.

The General Data Protection Regulation (EU) 2016/679 and Data Protection Act applies only to living persons but there are limited rights of access to personal data of deceased persons under the Access to Health Records Act 1990:

* The Common Law Duty of Confidentiality extends beyond death
* Certain individuals have limited rights of access to deceased records under the Access to Health Records Act:

1. Individuals who may make an Access to Health Records request;
2. Those named executor of a will or specified in letters of administration (documentation confirming this is required).
3. Any person who may have a claim arising out of the patient’s death

* A Next of Kin has no automatic right of access but professional codes of practice allow for a clinician to share information where concerns have been raised.
* Guidance should be sought from the Caldicott Guardian in relation to requests for deceased records

# Access Requests for those who lack capacity to consent

In certain circumstances a person acting as an advocate can seek access to personal information in so far as it is necessary or relevant to their role. This includes:

* Persons appointed by the Court of Protection
* Persons holding a registered Power of Attorney for specified purposes
* Persons appointed as Independent Mental Health Advocates under the Mental Capacity Act 2005

# Potential Redactions or Refusals

* **All clinical data will be reviewed by a clinician** and consideration should be given to redacting any information likely to cause serious harm to the mental or physical health of any individual
* Information supplied by third parties e.g. family members will usually be redacted
* Data and information held from other agencies may be disclosable but should be discussed with the originating body first
* Any information subject to Legal Professional Privilege will not be disclosed
* Information will not be disclosed where there is a statutory or court restriction on disclosure e.g. adoption records
* In the case of deceased records, information should not be disclosed where the entry in the records makes it clear that the deceased expected the information to remain confidential
* A personal record may also contain reference to third parties and redaction will be considered by balancing the data protection rights of all parties

**Online Access to Medical Records**

Medical Records can be accessed as part of the Practice’s online services. For security reasons, you will have to visit the practice to undertake an identity check before you are granted access to these records.

**To make a subject access request**

A request for your medical health records held at the practice can be made in writing (e-mails accepted)or verbally to the practice, however we ask that you use this Application for Access to Medical Records Form in order that we can clarify and record your request

**Costs**

Under GDPR you are entitled to have the information we hold on you provided free of charge. Please note that for repeated requests for the same information there may be a charge

Once we have all the required information, and fee where relevant, your request should be fulfilled within 28 days (in exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met).

**GDPR Compliance Information**

* Who we are and what we do

Our Data Protection Officer is Jane Carlisle she can be contacted on 0113 2409500.

If you have any questions regarding obtaining copies or viewing your medical record please ask to speak with one of our secretarial team.

Please also view our Practice Privacy Policy