

### Access to Health Records Application (Subject Access Request)

Below is background information in relation to requesting access to your health records, along with a form to assist you to make your request.

- The Data Protection Act 1998 gives every living person, or an authorised representative, the right to apply for access to health records.
- The Access to Health Records Act 1990 (AHRA) provides a small cohort of people with a statutory right of to apply for access to information contained within a deceased person's health record.

An Accessing Health Record request should be made in writing (this includes email) to the data controller at the NHS organisation where your records are held. (The Data Controller at Great Ormond Street Hospital NHS Trust, is C/O the Health Records department.)

It must be noted that you may be charged a fee to view your health records or to be provided with a copy of them. The maximum permitted charges are set out in the tables below.

#### To provide you with a copy of your health record the costs are:

Health Records held electronically	a £10 application fee
Health Records held in part electronically and in part on other media (paper, x-ray film)	a £10 application fee and up to a maximum £50 charge (if held on paper 20p per page)
Health Records held totally on other media	a £10 application fee and up to a maximum £50 charge (if held on paper 20p per page)

#### To allow you to view your health record (where no copy is required) the costs are:

Health records held electronically	up to a maximum of £10
Health records held in part on computer and in part on other media (paper, x-ray film)	a maximum of £10
Health records held entirely on other media	up to a maximum of £10 unless the records have been added to in the last 40 days in which case viewing will be free.

Note: all charges include postage and packaging costs.

The Trust is not obliged to comply with your access request unless they have sufficient information to identify you and to locate the information held about you. You may also be required to pay a fee as described above.

Once the Trust has all the required information, and fee, where relevant, your request should be complied within 40 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.

In some circumstances, the Act permits the Trust to withhold information held in your health record. These cases include but not limited to:

- where it has been judged that supplying you with the information is likely to cause serious harm to the physical or mental health or condition of you, or any other person, or;
- where providing you with access would disclose information relating to or provided by a third person who had not consented to the disclosure, this exemption does not apply where that third person is a health professional involved in your care.

When making your request for access, it would be helpful if you could provide details of the periods and parts of your health record you require. Although this is optional, it will help save NHS time and resources, and may reduce the costs of your 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 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.

If you have a complaint concerning your application then please contact the Trust's Complaints department.

If this proves unsuccessful, you can make a complaint through the NHS Complaints Procedure. Further information about the NHS Complaints Procedure is available on the NHS Choices website at:

[www.nhs.uk/aboutNHSChoices/pages/Howtocomplaincompliment.aspx](http://www.nhs.uk/aboutNHSChoices/pages/Howtocomplaincompliment.aspx)

Alternatively you can contact the Information Commissioners Office (responsible for governing Data Protection compliance).

Wycliffe House,

Water Lane,

Wilmslow,

Cheshire

SK9 5AF.

Tel 01625 545700 or

[www.ico.gov.uk/](http://www.ico.gov.uk/)

## Access to Health Records Application (Subject Access Request)

### 1.0 Identity of Individual about whom information is requested

Patient Surname	
Patient Forename(s)	
Former Name(s)	
DOB	
Sex	
Current Address	
Former Address (with dates of change)	
Contact phone number (including area code)	
E-mail address (Optional)	
Hospital Number (If known)	
NHS Number (If Known)	
General Practitioner's Name & Address	

**2.0 What is being applied for (tick appropriate box). In doing so you understand you may have to pay a fee for access or copies of your records**

I am applying for access to view a health record	
I am applying for copies of a health record	
I am applying for a correction to a health record	

You do not have to give a reason for applying for access to your health records. However, to help the NHS save time and resources, it would be helpful if you could provide details below, informing us of periods and parts of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Or details of the corrections to the health record required. Please use the space below to document and continue on another page if necessary:

**Dates and Types of Records**

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**3.0 Declaration**

Please tick the appropriate box below identifying:

I am the patient applying to access my health records	
I have parental responsibility for the child.	

I have been requested to act by the patient and attach the patient's written authorisation	
I am the deceased patient's personal representative and attach confirmation of this appointment	
I have a claim arising from the patient's death and wish to access information relevant to my claim.	

**4.0 If you are the patient's representative please give details below:**

Name of Representative	
Address of Representative	
Relationship to Patient	
Contact Telephone Number	
E-mail Address	
Signature	
Date	

**Counter-signature**

This section to be completed by the person required to confirm your identity such as a GP, Solicitor, a Minister of Religion or a person of a professional status.

I (insert full name).....certify that the applicant (insert full name).....has been personally known to me as a (insert in what capacity, e.g. – employee, client, patient, etc) .....for .....years and that I have witnessed the signing of the above declaration.

Signature	
Print Name	
Date	
Profession	

Address	
Contact Telephone Number	

**5.0 Signature of Applicant**

Signature	
Print Name	
Date	
Current Address	
Contact phone number (including area code)	
E-mail address (Optional)	

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**OFFICE USE ONLY**

Date of Application Received	
Received By (Print Name)	
Signature & Date	

Advising Health Professionals (Please Name)	
Access Provided (Yes / No)	
Date	
If No please state reason	
Copies provided (Yes / No)	
Date	
Viewing Provided (Yes / No)	
Date	
Corrections Requested (Yes / No)	
Details of Correction	
Date	