

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 2018 gives rights for living individuals to access their own record, and to restrict the access to those records of others who are not entitled to that information. The right can also be exercised by an authorised representative on the individual's behalf
- The Access to Health Records Act 1990 (AHRA) gives rights of access to deceased patient health records by specified persons.

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.

Once the Trust has all the required information, your request should be complied within 30 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:

- the information released may cause serious harm to the physical or mental health or condition of the patient, or any other person, or
- access would disclose information relating to or provided by a third person who has not consented to that disclosure unless:
 - The third party is a health professional who has compiled or contributed to the health records or who has been involved in the care of the patient.
 - The third party, who is not a health professional, gives their consent to the disclosure of that information.
 - It is reasonable to disclose without that third party's consent.

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.

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 you remain dissatisfied following the outcome of your complaint, you may then wish to contact the Information Commissioner's Office (responsible for governing Data Protection compliance):

Wycliffe House,
Water Lane,
Wilmslow,
Cheshire
SK9 5AF

Fax: 0303 123 1113 or 01625 545 745

Tel: 01625 524 510

Email: First contact team: casework@ico.org.uk

Web: <https://ico.org.uk/concerns/>

Please note that the Information Commissioner will not normally consider an appeal until you have exhausted your rights of complaint to us directly. Please see the website above for further advice.

Accessing Health Records Application (Subject Access Request) Form

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	
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 my health record	
I am applying for access to view the health record of a child for whom I have Parental Responsibility	
I am applying for copies of my health record	
I am applying for copies of the health record of a child for whom I have Parental Responsibility	
I am applying for a correction to a health record	
I am applying for a correction to the health record of a child for whom I have Parental Responsibility	

You do not have to give a reason for applying for access to your/your child's 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 requested. Please use the space below to document and continue on another page if necessary:

Dates and Types of Records

3.0 Declaration

Please tick the appropriate box below identifying:

I am the patient applying to access my health records	
I am the child's biological or adoptive parent and I have Parental Responsibility for the child	
I have Parental Responsibility for the child, but I am not the child's parent. (Please attach a copy of the court order giving you Parental Responsibility)	
I have been requested to act by the patient and attach the patient's written authorisation. (N.B. Written authorisation not required for requests made by MPs)	
I am the deceased patient's personal representative and attach confirmation of this appointment	
I may have a claim arising out of the patient's death and wish to access the patient's records.	

4.0 If you are NOT the patient please give details below:

Name of Requester (if not the patient)	
Address of Requester (if not the patient)	
Relationship to Patient	

5.0 Signature of Requester

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

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

- 1) the requester (insert full name).....has been personally known to me as a (insert in what capacity, e.g. – employee, client, patient, etc)foryears; and
- 2) I believe that the “relationship to patient” statement the requester has made above is accurate; and
- 3) I have witnessed the signing of the above declaration.

Signature	
Print Name	
Date	
Profession	
Address	
Contact Telephone Number	

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	

Appendix 1: Supporting Documents required for Proof of Identity

What documents do we need to see?

You must use route 1 in the 1st instance

Route 1:

- 3 documents must be seen
- One document from Group 1 plus any two from Groups 1 or 2a or 2b, one of which must verify their current address

Route 2:

- (Only if the applicant cannot produce a group 1 document)
- One document from 2a and two further documents from group 2a & 2b + external ID validation

Route 3:

- (Only after you have exhausted the route 1 & 2)
- *Certified copy of UK birth Certificate
- Four further documents from Group 2 comprising of: one document from Group 2a; and three further documents from Group 2a or 2b; one of which must verify their current address

Denoted with * - it should be less than three months old
Denoted with ** - it should be issued within the past 12 month
Not denoted – it can be more than 12 months old

Please Note:

If you have changed your name, please provide proof of this with either a Birth / Marriage / Deed Poll Certificate

Group 1 Primary Trusted Identity Credentials

- Current valid Passport – UK or EEA (or Non-EEA in combination with a Biometric Residence Permit or current Work Permit/Visa)
- Biometric Residence Permit (UK)
- Current Driving Licence (UK) (Full or provisional) Isle of Man/Channel Islands; photo card only (**a photo card is only valid if the individual presents it with the associated counterpart licence; except Jersey**)
- Birth Certificate (UK & Channel Islands) - issued within 12 months of date of birth. Full or short form acceptable including those issued by UK authorities overseas, such as Embassies, High Commissions and HM Forces

Group 2a – Trusted Government/State Issued Documents

- Driving Licence (UK non-photo ,old style driving licence)
- Certified copy of Birth Certificate (UK and Channel Islands) – issued after 12 months of date of birth
- Current Non-UK Photo Driving Licence (valid only for applicants residing outside the UK at the time of application and up to 12 months from the date of entry to the UK)
- Marriage/Civil Partnership Certificate (UK)
- Adoption Certificate (UK)
- HM Forces ID Card (UK)
- Fire Arms Licence (UK)

Group 2b – Financial/Social History Documents

- Mortgage Statement (UK or EEA)
- Bank/Building Society Statement (UK or EEA)*

- Credit Card Statement (UK or EEA)*
- Financial Statement - e.g. pension, endowment, ISA (UK)**
- P45/P60 Statement (UK & Channel Islands)**
- Council Tax Statement (UK & Channel Islands) **
- Work Permit/Visa (UK) (UK Residence Permit valid up to expiry date) **
- Utility Bill (UK)* – Not Mobile Telephone
- Benefit Statement* - e.g. Child Allowance, Pension
- A document from Central/Local Government/Government Agency/ Local Authority giving entitlement (UK & Channel Islands)*- e.g. from the Department for Work and Pensions, the Employment Service, Customs & Revenue, Job Centre, Job Centre Plus, Social Security
- EU National ID Card
- Bank/Building Society Opening Confirmation Letter (UK or EEA)
- Letter of sponsorship from future employer provider (Non-UK/Non-EEA only) – for applicants residing outside the UK at the time of application
- Letter from Head Teacher or College Principal (16-19 year olds in full time education at time of application residing in the UK)