

SUBJECT ACCESS REQUEST: HEALTH RECORDS

Patient's Full Name	
Date of Birth	
Address	
Postcode	
Contact Telephone Number	
Hospital Unit Number	
NHS Number	
Previous Address	
Details of Health Records required and approximate dates	
Do you only wish to view your records?	YES/NO
Reason Access Required (optional)	
Is litigation contemplated against the organisation?	YES/NO
If so have solicitors been instructed?	YES/NO
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 under the terms of the Data Protection Act 2018 (UK GDPR) (subject access requests/the right of access).

	<p>Tick as appropriate</p> <p><input type="checkbox"/> I am the patient</p> <p><input type="checkbox"/> I have been duly authorised to act by the patient and attach the patient's written authorisation</p> <p><input type="checkbox"/> I have parental responsibility for the patient who is under age 16 and has consented to my making this request</p> <p><input type="checkbox"/> I have parental responsibility for the patient who is incapable of understanding the nature of this request (authorisation attached) which is required on the grounds that:</p> <p>Signed:</p> <p>Date:</p>
<p>Identification</p>	<p>In order to maintain confidentiality and to confirm your identity, before copies of the Health Records are released, please provide a copy of</p> <p>Tick as appropriate</p> <p><input type="checkbox"/> Driving Licence</p> <p><input type="checkbox"/> or passport</p> <p><input type="checkbox"/> or birth certificate, Certificate of Registry of Birth or Adoption Certificate</p> <p><input type="checkbox"/> <u>plus a utility bill showing name and address</u></p>
<p>I wish Health Record to be provided in the following format: Tick as appropriate</p> <p><input type="checkbox"/> Updates as agreed, to third party, via encrypted email</p> <p><input type="checkbox"/> Paper copy to be sent to my home address by recorded delivery</p> <p><input type="checkbox"/> Paper copy for my collection from Healogics Wound Healing Centre</p> <p><input type="checkbox"/> Paper copy for my viewing at a Healogics Wound Healing Centre</p> <p><input type="checkbox"/> Scanned document sent to my private unsecure email address (please be aware that the use of an unsecure email places your information at risk)</p> <p><input type="checkbox"/> Paper copy to my representative at the following address:</p>	
<p>Identity Verified: YES/NO Signed:</p> <p>Name in capitals: Date:</p>	

ACCESS TO HEALTH RECORDS

INFORMATION FOR PATIENTS

The Data Protection Act 2018 (UK GDPR) & the Access to Health Records Act 1990

The Data Protection Act 2018 (UK GDPR), gives every living person the right to apply for access to their Health Records.

- You can request a permanent record, only in exceptional circumstances will you be *charged. All requests for access must be made using the Request for Access to Health Records form
- We will provide the Health Record in a mutually agreed format

In order to maintain confidentiality and to confirm your identity you will be asked to complete a Request for Access to Health Records form and to provide a copy of one of the following: Driving Licence, Passport, or Birth Certificate, Certificate of Registry of Birth or Adoption Certificate plus, a copy of a current utility bill in order to verify your address. This is to safeguard against unauthorised and inappropriate access to your personal information.

On receipt of your completed Request for Access to Health Records form, your request will be processed. We have one month to comply. Very occasionally it may not be possible to comply within this timeframe, but you will be informed if this is the case. Please specify exactly the nature of the information you require in order to enable us to process your request efficiently.

Your Health Record together with the Request for Access to Health Records form will then be passed to the appropriate clinician(s) for permission to release the Health Records you require. Under the Access to Health Records Act 1990 there are certain circumstances in which the record holder may withhold information:

- Access may be denied, or limited, where the information may cause serious harm to the physical or mental health or condition of the patient or any other person,
- Or where giving access would disclose information relating to or provided by a third person who had not consented to the disclosure,

Once permission has been received from the appropriate clinician the Health Records will be copied and sent out to you either by recorded delivery, unsecure email or you may collect or view them in person. If collecting or wishing to view please bring a form of photo identification with you, either a driving licence or passport.

*We will charge an administration fee when a request is manifestly unfounded or excessive, particularly if it is repetitive or where further copies of the same information are requested. In exceptional circumstances we may refuse your request; in these circumstances we will explain why we have refused, inform you of your right to complain to a supervisory authority, the Information Commissioners Office, www.ico.org.uk