

**PATIENT APPLICATION FOR ACCESS TO HEALTH RECORDS**

Access to health records under the Data Protection Act 1998 (Subject Access Request)

Please print all details using dark ink.

The Data Protection legislation provides the right of access to health records. Requests must be submitted using this form and will be fulfilled within 1 calendar month from the day of receipt of a fully completed application. However, there may be occasions where this takes longer, for example, awaiting records from previous GP surgeries.

**WARNING**

Making false or misleading statements to obtain personal information which you are not entitled to is a criminal offence, which could lead to prosecution.

**Applicants**

The following applicants have rights of access:

• The patient.

• A person authorised in writing to make the application on the patient’s behalf.

• A parent, where the patient is a child (i.e. under the age of 16 years) unless the child is deemed capable of understanding the application and can therefore make an application personally or oppose application, or unless the health professional decides that parental access is not in the child’s best interest.

• Where the patient is incapable of managing his/her own affairs, any persons appointed by a Court to manage those affairs.

**Proof of Right of Access**

In order to access your own records, you will be required to provide a one copy from each of the following lists:

List 1

• Driving licence

• Passport

• Birth Certificate

List 2

• Bank statement

• Utility Bill

• Council Tax notice

**Patient Representative access to records**

In order to access records on someone else’s behalf you will be required to provide a copy of the following: If you are a formal representative of a living person please provide **one** of the following:

• Consent from patient or;

• Lasting power of attorney – Property & Financial Affairs

• Court appointed deputy

• IMCA Appointment

**If you are making request for a person who is deceased please provide one of the following:**

• Executor of the Will

• Letter of administration

• Proof of Probate

**Restrictions of Access**

The Data Protection legislation gives right of access subject to the following restrictions, which are to be made at the discretion of the health professional concerned. There are no requirements to disclose the fact that information has been withheld.

• Where it is considered that access would disclose information likely to cause serious harm to the physical or mental health of the patient or any other individual.

• Where access would lead to the disclosure of the identity of another individual who has not consented to the disclosure of the information, unless that individual is a health professional who has been involved in the care of the patient.

**What happens next?**

As soon as we receive your form, we will be in touch to confirm we have received it. We always do our best to complete your request within the time frame, set out by the Data Protection legislation, of 1 calendar month; however, there may be occasions where this takes longer. All copies of records will be required to be collected from your chosen surgery and will not be posted.

**Contact Details**

If you have any questions please contact our Patient Advisor team :

[Generalenquiries.AlynFamilyDoctors@wales.nhs.uk](mailto:Generalenquiries.AlynFamilyDoctors@wales.nhs.uk)

**Identity of individual about whom information is requested**

|  |  |
| --- | --- |
| Full Name | Former name(s) |
| Current address | Former address (with dates of change) |
| Date of birth | NHS number (if known) |
| Contact phone number (including area code) | E-mail address: (optional) |

**What is being applied for (tick as applicable). 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 records |  |
| I am applying for copies of my health record |  |

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements 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. Please use the space on the following page to document this information:

**Dates and types of records:**

|  |
| --- |
|  |

Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.

|  |  |
| --- | --- |
| I am applying for access to view my health records |  |
| I have instructed my authorised representative  (insert name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_ to apply on my behalf |  |

**If you are the patient’s representative, please give details here: details here:**

|  |
| --- |
| Name and address of representative |
| Contact number and E-mail |
| **Patient Authorisation for consent to release to their representative**  I declare that I am the patient and I hereby authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as my representative and give consent for them to apply on my behalf for the health records referred to above under the Data Protection legislation. To the best of my knowledge all of the above information I have provided is correct.  Signature ……………………………… Print name……………………………………………  Date…………………………………………... |

**Applicant Declaration**

I declare that I am the above patient/ patient representative and that I am entitled to apply for the health records referred to above under the Data Protection legislation.

Signature of applicant ……………………………… Print name……………………………………………

Date…………………………………………...

**(Office use only)**

Date of application received ……………………….

Received by ………………………………….

ID seen………………………………………………………………………………………….

Signed: ……………………….

Date: ………………