

HOW YOU CAN OBTAIN ACCESS TO YOUR PERSONAL RECORDS

Notes to accompany Application Form

Your right to request access to your personal records:

The Data Protection Act 1998 gives living individuals the right to request access to personal records held on them by organisations such as NHS Lincolnshire. This is known as a Subject Access Request (SAR).

Who can make a Subject Access Request?

- Any individual can make a Subject Access Request (SAR). In addition an individual may nominate a representative (such as a solicitor or relative) to apply on their behalf. In this case, there must be a valid consent signed by the individual who authorises the release of information to the representative.
- A person who has parental responsibility for a young child can request access to the child's records. Release of records is usually only made in the best interests of the child. Children may apply themselves - where it is considered that the child has the competence to be able to understand the nature and implications of making a SAR. If they are considered competent, they should also be consulted regarding any request that has been made for their records by another individual, i.e. a person with parental responsibility. The competence of the child in respect of requests for records can be considered from the age of 12.
- For mentally incapacitated adults a person may make a request on their behalf if they have been granted power of attorney or agent by a court to manage their affairs. The request must be made in relation to the management of their affairs and finances.

How you can request access to your records:

If you wish to make a Subject Access Request, you must put your request in writing to:

**GEM CSU
Information Governance Department
Cross O Cliff
Bracebridge Heath
Lincoln
LN4 2HN**

**Tel: 01522 515331
Fax: 01522 515389**

You will be required to provide sufficient information or complete the attached standard Subject Access Request form so that we have all relevant information to process your request.

Information requirements:

- Your name, address, daytime telephone number and date of birth
- Name and address of the person / agency making the request (if they are making a request on your behalf)
- Signed consent from the individual whose records are being requested
- The records that are required (information such as relevant dates, name of clinic or hospital, etc. would be useful in locating records)

Other information that may be relevant - e.g. NHS number.:

Subject Access Request Data Protection Act 1998

Greater East Midlands
Commissioning Support Unit

Evidence of identity and authority:

The Trust will not process your request unless we are certain that you are the person that you say you are. In most cases we will require copies of two items of evidence of identity - for example:

Type of applicant

- An individual applying for his/her own records
- Someone applying on behalf of an individual
- Person with parental responsibility applying on behalf of a child
- Power of Attorney/Agent applying on behalf of an individual

Types of documentation required

Two copies of identity required, e.g. copy of birth certificate, passport, driving license, medical card, etc.

One item of proof of the person's identity and one item of proof of the representative's identity (see examples above).

Copy of birth certificate & copy of correspondence addressed to person with parental responsibility relating to the patient. Copy of a court order authorising Power of Attorney / Agent plus proof of the patient's identity (see examples above).

Exemptions to the release of personal information:

In general, all the personal records you request will be released to you although there may be circumstances where certain information could be restricted. These include:

- If it is considered that information in the records, if released, may cause serious harm to yourself or any other individual.
- Where there is personal information concerning another person contained within your records.

How will the information be provided?

In most cases, copies of the records will be made and sent to you (or you can collect the copies if you prefer). You may however prefer to view the records, in which case the Trust will arrange with you a suitable time and location for you to come in and view the records. A qualified member of staff will be in attendance to provide advice on any aspect of the records.

Will I be charged for access to the records?

Regulations in the **Data Protection Act 1998** allow for charges to be made. The fees shown below relate to where copies of the records have been provided. There will be no charge if you chose to view the records at the Trust or where the records have been added in the last 40 days.

Health records:

£50 maximum for exclusively paper records

£50 maximum for a mixture of computerised and paper records £10 maximum for exclusively computerised records

Other records:

£10 maximum

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The above charges include postage and packing. Upon receipt of your application, the Trust will inform you where a charge is to be made and the amount of that charge.

If you are not satisfied with your response:

In the first instance you should write to Lincolnshire explaining why you are dissatisfied with the response. The address is:

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If you remain dissatisfied with the Trust's response you can contact the Office of the Information Commissioner - the body with responsibility for enforcing the Data Protection Act. The address is:

**Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF**

Alternatively you can visit their website (www.ico.gov.uk) for further information about Subject Access Requests under the **Data Protection Act 1998**.

If you feel we have failed to disclose information to you without good reason, you can make a complaint by following the Trust's complaints procedure.

Requests for GP records:

If you require access to your GP Practice records you should write directly to the Practice Manager at your GP Practice.

Section 2: Persons who can make a Request under the Act:

- **The deceased person's personal representative – The Executor of the Will or Administrator of the deceased person's estate.**
- **Any individual, or their representative, who may have a claim arising out of the patient's death. The applicant or their representative must specify what claim is being made and only information that is relevant to the claim should be considered for release.**

**AUTHORITY FOR RELEASE OF PERSONAL RECORDS
Subject Access Request under the Data Protection Act 1998**

This form must be completed in blue or black ink and signed in order for us to process your request.

Section 1: Patient Details

Surname:

Former Surname:

First Name(s):

Title:

Date of Birth:

NHS Number:

Current Address:

Postcode:

Former Address:

Postcode:

SECTION 2 - APPLICANT DETAILS (if making a request on behalf of the person above)

Name:

Address:

Postcode:

Relationship to person in section 1:

Section 3: FURTHER INFORMATION

IMPORTANT: It will be helpful if you can describe the specific information you wish to see and provide as many details as possible so that we can identify your records quickly. If patient records are being requested, please provide details such as dates, treatments, clinics, hospital, etc. If staff records are being requested, please indicate if current or previous member of staff and give payroll number if known.

SECTION 4 - PROVISION OF INFORMATION

Please note that our usual method of providing access to records is to post copies with special delivery to your stated address. If you wish to access records by any other means please indicate below. We will then contact you in order to facilitate this.

Viewing records at a Trust location Collecting records at a Trust location OTHER (PLEASE SPECIFY):

SECTION 5 – CONSENT

Please tick **one** of the following boxes and sign below:

I confirm that I am the person mentioned in Section 1 and that I require access to my personal records (described in Section 3)

I confirm that I am the person mentioned in Section 1 and I authorise the release of copies of my personal records (described in Section 3) to the person mentioned in Section 2.

I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in Section 1

I confirm that I am the person mentioned in Section 2 and have been authorised to act as an agent/power of attorney for the patient in Section 1

I understand that under the Data Protection Act (1998) [Miscellaneous Provisions] Regulations 2001, there may be a charge for providing copy of the personal records described above.

Print Name: _____

Signature: _____

Date: _____

SECTION 6 – EVIDENCE

Evidence of the patient's and/or the patient's representative's identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:

Type of applicant:

An individual applying for his / her own records

Someone applying on behalf of an individual

Person with parental responsibility applying on behalf of a child

Power of attorney / agent applying on behalf of an individual

Types of documentation required:

Two copies of identity required, e.g. copy of birth certificate, passport, driving license, medical card, etc.

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Copy of birth certificate & copy of correspondence addressed to person with parental responsibility relating to the patient.

Copy of a court order authorising power of attorney / agent plus proof of the patient's identity (see examples above).

Please return this form and **copies only** of required evidence to:

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NB: It is recommended that you keep a copy of this form. Please mark your envelope 'Private and Confidential'.