



FOR PRINT USE ONLY

APPLICATION FOR ACCESS TO HEALTH RECORDS

(Processed under UK GDPR / Data Protection Act 2018 for living individuals, or Access to Health Records Act 1990 for deceased patients)

DETAILS TO BE COMPLETED BY THE PATIENT OR PATIENT REPRESENTATIVE
Please complete this form in **BLOCK CAPITALS** and in black ink, and return to the address
overleaf

Your request will be processed in accordance with the relevant legislation:

- UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018
- Requests relating to deceased patients' records will be processed under the Access to Health Records Act 1990.
- For more information, visit the websites of the Department of Health and Social Care and the Information Commissioner's Office.

Section 1. Details of the patient who is subject of this application

Surname	First Name(s)
Current Address	D.O.B
	NHS Number (if Known)
	Hospital Unit Number (If Known)
Postcode	
Tel (home/evenings)	Tel (work/day)
E-mail	Would you like to receive an acknowledgement letter via email? Yes/No (Delete as appropriate)

If the patient's name and/or address has changed from that given above during the period(s) to which the application relates, please give previous details

Previous Surname	Previous First Name(s)
Previous Address	
Postcode	

Section 2. Details of the Applicant if NOT the Patient

Surname	First Name(s)
Address	Tel
	E-mail
	Would you like to receive an acknowledgement letter via email? Yes/No (Delete as appropriate)
Postcode	

Section 3. Details of Information Requested

In order for us to identify what information to provide from the Health Records it would be helpful if you could complete the table below in as much detail as possible to identify the period(s) /episodes(S) of care that you wish to obtain information about.

RECORDS REQUIRED	
Details of records required please be specific eg: department attended, consultants name	
Dates of records required eg: accident date	
I wish to:	Have paper copy of the records <input type="checkbox"/> (please note: ideally paper copies will be provided for smaller requests) Require an appointment to view records <input type="checkbox"/>
Do you require copies of X-rays Do you require copies of X-ray reports	Yes/No (Delete as appropriate) Yes/No (Delete as appropriate)
If copies are required how do you wish to receive this information?	By post via Recorded delivery <input type="checkbox"/> Or Hand collect <input type="checkbox"/>

DECLARATION BY APPLICANT

I declare that the information given by me is correct to the best of my knowledge, and that I am applying for access to the patient health records identified above in the following capacity:

- I am the patient ☐
- I have been asked to act by the patient. (Complete the Authorisation) ☐
- I am the parent of the patient and/or exercise parental responsibility ☐
For the patient, who is under 16.
- I have been appointed by the court to manage the affairs of a Patient deemed to be incapable. ☐
- I am the deceased patient's personal representative and attach Confirmation of my appointment. ☐

Signed:..... Date:.....

Patient Authorisation to Grant Access to a nominated Representative

I am the patient whose details appear in section 1 and give authorisation for the applicant whose details appear in section 2 to be provided with the access to my Health Records covering the periods and episodes of care detailed in section 3.

Signed..... Date.....

You are advised that making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Before returning this form please ensure that you have:

1. Signed and dated the form
2. enclosed proof of identity
3. Enclosed documentation to support your request (if applying for another person's records)

Correct Documentation

- ☐ Photocopy of proof of identity
- ☐ Proof of appointed by a court if acting on behalf of a patient who cannot manage their own affairs
- ☐ Patient's authority if you have been asked to act by the patient

Please return the completed form to: Medical Records, Q34, Barnsley Hospital, Gawber Road, Barnsley, S75 2EP.

Tel enquiries: 01226 432545 **Email enquiries:** bdg-tr.subjectaccess@nhs.net

You are also welcome to deliver by hand to the Access to Health Records department.

ACCESS TO HEALTH RECORDS INFORMATION LEAFLET

Under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 you have the right to access information about your health that is recorded manually, on a computer or stored by other means.

Limited Access

Under the UK GDPR, Data Protection Act 2018, and the Access to Health Records Act 1990 (for deceased patients), access to certain information may be denied or limited in specific circumstances, including:

- Where the health professional considers that the information could cause serious harm to the physical or mental health of the patient or any other individual
- Where another individual could be identified by the information (unless the individual has consented to the application). This does not apply where that individual is a health professional involved in the care of the patient.
- Third person involvement – where a third party has divulged information given in confidence to a clinician concerning the patient given on the basis that it would not be shared with the patient – these parts of the record will not be released

Time Period

- The Trust has one month to respond and provide the information following the receipt of your request.
- If we are unable to comply with your request within a month, we will contact you to explain the reasons and confirm when we would expect the information to be available.

How to Gain Access

- You can apply to access your health records by contacting the Access to Health Records Department either in writing, via telephone or by email or our website to request a standard application form.
- It is the responsibility of the applicant to provide enough information to enable the Trust to identify your records
- Solicitors and third party must provide evidence to show they are authorised to act on the patient's behalf

How we will process your request

- We ask you to complete our access form in order to assist us to clearly identify you and the information you require.
- To justify accessing your personal information we require a formal request and a signed form of authority.
- As with all requests for legal documentation, you are required to formally verify your identity with information such as your passport, drivers licence and a utility bill.
- Upon receipt of your request, we will inform your consultant/s that you have made a request. They will review your records and authorise release where applicable (for information about limited/restricted access, please see above)
- No information from your Access to Health Records form will be released or discussed outside the organisation without your consent.
- Upon completion of your request, we will retain your Access to Health Records form along with your identification for a period of 3 years and it will be stored electronically in a secure area
- If you have any queries or concerns with regards to our processes, please contact us if you wish to discuss this further; or alternatively you may contact the Information Commissioners Office if you wish to make a complaint about our service.