

## **APPLICATION FOR ACCESS TO HEALTH RECORDS**

### Notes to accompany Access to Records Application Form

The General Data Protection Regulation gives living individuals the right to request access to personal records held on them by organisations such as Kettering General Foundation Trust. This is known as a Subject Access Request. Similarly, the Access to Health Records Act 1990, enables specific individuals to access the notes of a deceased patient.

Personal records include automated, manual data and information processes.

In this instance, manual data are the patient's health records; automated data are computerised data held on the hospital's patient administration systems and the processes are what type of information is held, details of the different specific types and why the information is held by the hospital.

### **Who can make a Subject Access Request?**

Those eligible to apply include the patient about whom the records have been compiled, or someone acting on behalf of the patient (e.g. by written authorisation, exercising parental rights, court appointment).

### **How to request access to records**

If you wish to make a Subject Access Request, you will be required to complete the attached standard Subject Access Request form so that we have all the relevant information to process your request.

This must be sent for the attention of:

Data Protection Office

Kettering General Hospital NHS Foundation Trust

Cytringan House,

Medical Records,

Robinson Way,

Telford Way Industrial Estate,

Kettering,

Northamptonshire,

NN1 6 8PT

**Type of applicant**

- A An individual applying for his / her own records
- B Someone applying on behalf of an individual (Representative)
- C Person with parental responsibility applying on behalf of a child
- D Power of Attorney / Agent applying on behalf of an individual

**Type of documentation**

- One copy of identity required. e.g. birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc
- One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
- Copy of birth certificate of child & 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 in 'A' above)

Applications for access to Physiotherapy, Occupational Therapy, Speech Therapy, Dietetics, Genito-Urinary Medicine (including sexually transmitted diseases) & Community Health Records must be made separately to:

**The Information Governance Team  
Northamptonshire Healthcare NHS Foundation Trust**

**Bevan House**

**Kettering Parkway South**

**Kettering**

**Northants**

**NN15 6XR**

## 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:

## Exemptions to the Release of Personal Information

Although the General Data Protection Regulations gives rights of access to personal records, aspects of these may be withheld in the following circumstances:

- The information in the records, if released, may cause serious harm to the physical or mental health to yourself or any other person.
- The information held on record contains personal information concerning another person or that identifies a third party. In this instance, under certain circumstances, we may need to seek their permission prior to disclosure

## Rights

Applicants can ask for corrections to the record, and are entitled to a copy of the correction or, if the record is not corrected, the record holder's note of the request and any discussion.

If applicants think they may not have received all the information they are entitled to, their rights will then be explained to them. Where the holder of the record is the hospital, you should take the matter up in the first instance with the Information Governance Manager.

## How will the information be provided

In most cases, copies of the records will be made and sent to you. 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 member of staff will be in attendance.

## APPLICATION FORM FOR ACCESS TO HEALTH RECORDS

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

### SECTION 1: PATIENT'S DETAILS

<b>Surname</b>		<b>Maiden Name</b>	
<b>Forename</b>		<b>Title (i.e. Mr, Mrs, Ms, Dr)</b>	
<b>Date of Birth</b>		<b>Address:</b>	
<b>Telephone No.</b>		<b>Postcode:</b>	
<b>NHS Number (if known)</b>		<b>Hospital Number (if known)</b>	

### SECTION 2: RECORD REQUESTED

The more specific you can be, the easier it is to quickly provide you with the records requested. Record in respect of treatment for: (e.g. Leg injury following a car accident).

<b>State condition / illness</b>		
<b>Consultant (if known)</b>		
<b>Dates of Treatment: (e.g. 12/12/07 to 24/01/08)</b>		
<b>Please define the type of information you are requesting</b>	<b>Paper Records</b>	
	<b>X Rays</b>	
	<b>Computer Records</b>	
	<b>Photographic Records</b>	
	<b>Other</b>	
	<b>To view</b>	

### SECTION 3: DETAILS AND DECLARATION OF APPLICANT

Please enter details of applicant if different from Section 1

<b>Surname</b>		<b>Title (Mr, Mrs, Ms, Dr)</b>	
<b>Forename(s)</b>		<b>Address</b>	
<b>Telephone Number</b>		<b>Post Code</b>	

#### 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 above under the terms of the General Data Protection Regulations

Please tick:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have full parental responsibility for the patient and the patient is under the Age of 18 and:
  - (a) has consented to my making this request, or
  - (b) is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so
- I am acting in loco parentis and the patient is incapable of understanding the request
- I am the deceased person's Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written and witnessed consent from the deceased person's Personal Representative and attach Proof of Appointment
- I have a claim arising from the person's death (Please state details below)

Signature of applicant: ..... Date: .....

**You are advised that the 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.**

## SECTION 4: PROOF OF IDENTITY

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which Identity is confirmed	Option taken	Documents attached
A	Attached Copies of Documents as noted in section 4A below	Yes / No	If Yes please indicate here which documents have been attached.
B	Counter Signature (Section 4B). This should only be completed in exceptional circumstances (e.g. in cases the above cannot be provided)	Yes/ No	Please indicate reason why this section was completed

### 4A- Evidence

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

	Type of applicant	Type of documentation
<b>A</b>	An individual applying for his / her own records	One copy of identity required. e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc
<b>B</b>	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
<b>C</b>	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
<b>D</b>	Power of Attorney / Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney / agent plus proof of the patient's identity (see examples in 'A' above)

**4B – Counter Signature**

**This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.**

I (insert full name).....

Certify that the applicant (insert name).....

Has been known to me personally as ..... for .....years  
(Insert in what capacity e.g. employee, client, patient, relative etc)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

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

Name ..... Profession. ....

Address .....

.....

Daytime Telephone Number .....

**ADDITIONAL NOTES**

Before returning this form please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity or alternatively confirmed your identity by a counter signature
- c) enclosed documentation to support your request (if applying for another person's records)

Incomplete applications will be returned therefore please ensure you have the correct documentation before returning the form.