**Access to Health Records application (Subject Access Request)**

**Guidance Notes**

Important: Please read these notes before you proceed with your application

**Introduction**

The General Data Protection Regulation (GDPR) 2018, gives every living individual the right to access their own health record, and to restrict the access to those records of others who are not entitled to that information. The right can also be exercised by an authorised representative on the individual’s behalf.

The Access to Health Records Act 1990 (AHRA) give rights of access to deceased patient health records by specified persons.

The Trust is not obliged to comply with your access request unless they have sufficient information to identify you and to locate the information held about you.

**How long will the request take?**

# We aim to provide copies of your health record within 30 calendar days of receiving your Identification. Where a request cannot be completed in this time frame, the Access to Records team will inform you of any delays.

**How much does it cost?**

In line with the General Data Protection Regulations (GDPR) copies of health records will be disclosed free of charge.

Once the disclosure has taken place and a further request is received for the same information or where a request is manifestly unfound or excessive, particularly if it is repetitive, an administration fee will be charged.

**Can I have copies of all my Health Record?**

In some circumstances, the Act permits the Trust to withhold information held in your health record. These cases include but not limited to:

* The information released may cause serious harm to the physical or mental health or condition of the patient, or any other person, or
* Access would disclose information relating to or provided by a third person who has not consented to that disclosure unless:
* The third party is a health professional who has compiled or contributed to the health records or who has been involved in the care of the patient
* The third party, who is not a health professional, gives their consent to the disclosure of information.
* It is reasonable to disclose without that third party’s consent.

When making your request for access, it would be helpful if you could provide details of the periods and parts of your health record you require. Although this is optional, it will help save NHS time and resources.

**Can I gain access to my childs’ records?**

Yes, if the child is aged 13 or over and has the capacity to consent, the consent to release the medical records must be sought before any information can be released. Your child will be required to sign the bottom of the application form.

**How do I get a copy of my Health Record?**

You need to complete the attached Trust’s ‘Access to Health Records’ form and provide proof of identity.

**Who can I contact if I have any other questions?**

# Access to Records

# Health Records Department

# Royal Preston Hospital

# Sharoe Green Lane

# Preston

# PR2 9HT

# Telephone: 01257 247028

# Email: [medicallegal@lthtr.nhs.uk](mailto:medicallegal@lthtr.nhs.uk)

# Further information

# Complaints about any aspect of an application to obtain access to health records should be discussed firstly with the Health Records Manager on 01772 522060.

# For further information about Data Protection, contact:-

# Data Protection Officer, Lancashire Teaching Hospital NHS Foundation Trust Telephone number 01772 716565

# Email: [DPO@lthtr.nhs.uk](mailto:DPO@lthtr.nhs.uk)

# For independent advice you can contact the Information Commissioner:

# The Information Commissioner Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF

# Telephone number 0845 306 060 or 01625 545 745

# Web Site: [www.ico.org.uk](http://www.ico.org.uk/)

**Access to Health Records under GDPR (Subject Access Request)**

**Patient authority consent form for release of health records**

**(Manual or Computerised Health Records)**

**Please print all details**

|  |
| --- |
| To: (Please provide Consultant Name, Hospital and Department here) |

**Patients’ details**

|  |  |
| --- | --- |
| Full Name | Former Name(s) |
| Current Address | Former Address |
| Date of Birth | NHS Number or Hospital number (if known) |
| Contact number  Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email Address (preferable) |

**What is being applied for (tick as applicable).**

|  |  |
| --- | --- |
| I am applying for **copies** of my health record |  |
| I am applying to **view** my health record |  |

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

|  |  |
| --- | --- |
| I am applying to access my health records |  |
| I have instructed my authorised representative to apply on my behalf |  |
| I am the child’s biological/adoptive parent/guardian and have Parental Responsibility |  |

**If you are the patients’ representative, please give details here**

|  |
| --- |
| Print Name and Address of representative |
| Contact number and Email |
| Signature of representative |

You do not have to give a reason for applying for access to your health records. However, to help the NHS save time and resources it would be helpful if you could provide details below, informing us of periods and parts 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 below to document and continue on another page if necessary.

Dates and types of records:

|  |
| --- |
|  |

**NB** If you are requesting access to records for a child, and where a child is aged 13 or older and has the capacity to do so, they will be required to sign and complete the below.

Signature of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In addition, please provide copies of your photographic ID and a recent utility bill.**

Please send your documents and this form either:-

Via Email:- [Medicallegal@lthtr.nhs.uk](mailto:Medicallegal@lthtr.nhs.uk)

Or

By Post:- Access to Records Department

Health Records

Royal Preston Hospital

Sharoe Green Lane

Fulwood

Preston

PR2 9HT