

**Application for Access to Health Records or Other Personal Information
[General Data Protection Regulation – GDPR]**

(Please Note: There is a separate form for accessing Deceased Patient Health Records)

Please complete this form and return it with any required documentation to:

Subject Access Coordinators
Information Governance Department
Maglona House
Kingstown Broadway
Carlisle
CA3 0HA
SACCIC@ncuh.nhs.uk

| Details of the Patient / Individual whose records are being requested: | | | |
|--|-----|--------------------------|----|
| Surname: | | | |
| Forename(s): | | | |
| Address (including postcode): | | | |
| Telephone Number: | | | |
| If required, may the Trust contact you by telephone to discuss your request? | YES | <input type="checkbox"/> | No |
| Date of Birth: | | | |
| NHS Number: | | | |
| Type of records to be accessed: | | | |
| Name of the Health Professional(s) who you / the patient have seen: <i>(i.e. names of doctors, physiotherapists if known)</i> | | | |
| Name of the Service(s) that you / the patient accessed: <i>(e.g. Surgical, General Medical, Physiotherapy)</i> | | | |
| Please say which records you wish to access: <i>(e.g. In-patient health records, non-medical personal information)</i> and what dates e.g. records made between January 18 to date | | | |
| Please indicate if you wish to receive x-ray copies only | | | |
| <p>If you are the patient/person applying for your own records - please sign the 'Declaration by Patient/Person applying for their own records' section at the top of the next page.</p> <p>If you are not the patient whose information is being requested and you wish to apply on behalf of someone else, please sign the 'Declaration by Applicant' section on the next page.</p> | | | |

Declaration by Patient / Person applying for their own records:

I, _____ (*your name*) 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 my personal information referred to on page one. I enclose copies of the following as identification to confirm name, date of birth, address and signature (one from each category).

Copy of a utility bill, tax certificate or bank statement

Two forms of identification from the following: Birth certificate / Passport / Driving License / Medical Card / NHS staff ID card / Smartcard (**copy only**)

(please do not send the original document, a good copy will suffice)

Signed: _____

Dated: _____

Declaration by Applicant (if you are not the patient / person named on page 1):

Surname of Applicant: _____

First Name of Applicant: _____

Address of Applicant (including postcode): _____

Telephone Number _____

Can the Trust contact you by telephone to discuss your request?

YES

NO

The Applicant must include a copy of their own identification as below (one from each category): to confirm name, date of birth, address and signature

Copy of a utility bill, tax certificate or bank statement

Two forms of identification from the following: Birth certificate / Passport / Driving License / Medical Card / NHS staff ID card / Smartcard (**copy only**)

Please tick the relevant box below to confirm the basis for making this request:

I am a person authorised in writing by the patient/individual (*see below*).

I am a person who has parental responsibility for the child named on page 1 (*attach a copy of the child's birth certificate – full copy with parent's name(s) included*).

I am acting for a patient who lacks capacity (*attach proof of authority e.g. Court of Protection documents showing enacted Lasting Powers of Attorney- Personal Welfare or appointment as Litigation Friend*)

Applicant's Signature: _____

Date Signed: _____

Authorisation by Patient / Person for Applicant to act on their behalf

Patient / Person's Name: _____

Patient Address: (including postcode) _____

Relationship to Applicant: _____

Patient / Person's Signature: _____

Date Signed: _____

I hereby authorise North Cumbria University Hospitals NHS Trust to release my personal data as specified on this form to the named applicant. I understand that I can withdraw my consent at any time by contacting the Subject Access Coordinators at the above address.

**DO NOT RETURN: FOR
INFORMATION ONLY**

APPLYING FOR ACCESS
SOME QUESTIONS ANSWERED

INTRODUCTION

The General Data Protection Regulation (GDPR) gives you a statutory right of access to your personal records (manual or computer):

1) What records can I see?

- **Health records** - information relating to the physical or mental health of an individual which has been made by or on behalf of a health professional in connection with the care of that individual. If you wish to learn more about your health care, you can discuss this with health service staff during your consultation or treatment and you can ask to see your health records at that time. However, in order to benefit from the full provisions of the Data Protection Act a formal application in writing is necessary.
- **Staff records** - If you are a member of staff, you can apply for access to the information held in your staff file.

2) Will there be a charge?

- There will not be a charge for providing you with copy records. However, if your request would involve “disproportionate effort” to service, you may be asked to pay a fee to cover the administration costs involved. These fees will be explained to you if they are applied.

3) Who has the right of access?

- a. The patient or member of staff.
- b. A person authorised in writing to apply on behalf of the patient.
- c. The person having parental responsibility for the patient (a child)
- d. Any person appointed by the Courts to manage the affairs of a patient who is deemed to be incapable.

4) Can access be denied to me?

- There are sections in the Act which state that under certain conditions, access can be refused. Instances where access can be denied are:-
 - Where the holder of the records is not supplied with such information to satisfy himself as to the identity of the applicant and locate the information requested.
 - Where in the opinion of the record holder, the information may cause serious harm to the physical or mental health of the patient or other individual.
 - Where information is provided by a third party, who would be identified from that information.

5) Confidentiality and Identity Verification

- The Trust takes positive action to maintain the confidentiality of patient and staff personal information. Holders of records are obliged by law to be satisfied that an applicant is entitled to access requested records, therefore we will require proof of identity from you before we process your application.
- You must provide two types of identification. These may be:
 - Birth Certificate
 - Passport
 - Driving License
 - Medical Card
 - NHS staff ID badge or Smartcard
- In addition, proof of address must be provided e.g. bank statement, utility bill, or tax certificate.

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- Originals must be produced when collecting your information. If you wish to have information sent out to you, photocopies of identification information may be sent to the Trust, but must be verified by a 'person of standing' e.g. employer, doctor.
- 6) **How long does the process take?**
- The Trust will deal with your request promptly, and in any event the records will be sent to you within 30 days of receipt of your accurately completed form. If we encounter any difficulties in locating your data we will keep you informed of our progress.
- 7) **What if I do not agree with what is written in the records?**
- Records which contain factual inaccuracies may be corrected after discussion with the appropriate health professional. This does not apply to matters of opinion which may be written in the course of your treatment. No fee will be charged for any correction.
- 8) **Complaints**
- If you wish to complain about any aspect of the manner in which your access request was handled, in the first instance you should submit your complaint in writing to:
 - **The Chief Executive, Cumberland Infirmary, Newtown Road, Carlisle, CA2 7HY**

Your complaint will be dealt with through the NHS Complaints Procedure.

- If you are still not satisfied with the response you receive you may refer your complaint to an independent arbiter such as the Health Service Commissioner or the Information Commissioner (e-mail: mail@ico.gsi.gov.uk)