# Appendix B: Application for Access to Health Records

**Application for Access to Health Records**

(In accordance with the UK General Data Protection Regulations and Data Protection Act 2018)

**Please complete this form in BLOCK CAPITALS and in black ink, and return to the address at the back of the document.**

**The PATIENT'S details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forenames:** |  |
| **Current Address** |  | | |
| **Postcode:** |  | | |
| **Date of birth** |  | **Hospital Number/NHS Number**  ***(if known)*** |  |
| **Tel *(home/evening)*** |  | **Tel *(work/day)*** |  |
| **Email** |  | | |

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 details here:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Details of the patient information required:** | | |
|  | **Yes** | **No** |
| **Do you require copies of the records?** |  |  |
| **Do you require a CD of X-Rays? (If taken)** |  |  |
| **Do require an appointment to view your records?** |  |  |

Please indicate below the specific area(s) you would like to access

|  |  |  |
| --- | --- | --- |
| **Date attended** | **Name of Consultant/Speciality** | **Including X-rays** |
|  |  |  |
|  |  |  |
|  |  |  |

**Other relevant information to help us identify the records:**

|  |
| --- |
|  |

**Name and address to which the copied records should be sent:**

|  |
| --- |
|  |

**Declaration and authorisation:**

I declare that the information I have completed on this form is correct to the best of my knowledge and that:

(\*please delete below as appropriate :)

• \* I am the person named (NB please complete Section one below)

• \* I am acting on behalf of the person named overleaf (NB please complete Sections one AND two below)

• \* I am the next of kin - for information relating to deceased patients only (NB please complete Section three)

**Identification**

**We cannot process your application without proof of identity**.

Please indicate which of the following documents are enclosed.

Driving licence /Passport/Birth Certificate and proof of address e.g. utility bill

**Please do not send originals.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1** (if you are the person named overleaf or are acting on behalf of the person named overleaf)  I (insert full name in BLOCK Capitals)   |  | | --- | |  |   Certify that I am the person named overleaf.   |  |  |  |  | | --- | --- | --- | --- | | **Signed:** |  | **Date:** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 2:** (If you are acting on behalf of the person named overleaf, NB you also need to complete section one)  I (insert full name in BLOCK Capitals)   |  | | --- | |  |   Have consent from the person named in section one to act on their behalf.  **Please attach a signed document.**   |  |  |  |  | | --- | --- | --- | --- | | **Signed:** |  | **Date:** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 3:** (If you are the next of kin - for information relating to deceased patients only)  **NB Please attach a COPY of the death certificate.**  I (insert full name in BLOCK Capitals)   |  | | --- | |  |   Certify that I am the next of kin to the person named overleaf.   |  |  |  |  | | --- | --- | --- | --- | | **Signed:** |  | **Date:** |  | |

**Please return this completed form and any requested documentation to:**

**Medical/Legal Department,**

**Royal Bolton Hospital,**

**Minerva Road,**

**Farnworth,**

**Bolton, BL4 0JR**

**Email:** [**MedicalLegal@boltonft.nhs.uk**](mailto:MedicalLegal@boltonft.nhs.uk)

**Guidance Notes**

**NOTES FOR POTENTIAL APPLICANTS:**

**The UK General Data Protection Regulation and Data Protection Act 2018 provide the right of access to health records. Hospitals are allowed 30 days, from the date a correctly completed form has been received.**

**APPLICANTS**

The following applicants have rights of access:

* The patient
* A person authorised in writing to make the application on the patient’s behalf.
* A parent, where the patient is a child (i.e. under the age of 13 years) unless the child is deemed capable of understanding the application and can therefore make an application personally or oppose application, or unless the health professional decides that parental access is not in the child’s best interest.
* Where the patient is incapable of managing his/her own affairs – any persons appointed by a Court to manage those affairs.
* Where the patient has died, the patient’s personal representative and any persons who may have a claim arising out of the patient’s death.

**RESTRICTIONS OF ACCESS**

The Act gives rights of access subject to the following restrictions, which are to be made at the discretion of the health professional concerned. There are no requirements to disclose the fact that information has been withheld.

* Where it is considered that access would disclose information likely to cause serious harm to the physical or mental health of the patient or of any other individual.
* Where access would lead to the disclosure of the identity of another individual who has not consented to the disclosure of the information, unless that individual is a health professional who has been involved in the care of the patient.

**FEES:**

There will be no costs/charges for records that relate to living or deceased individuals.

If the request is deemed to be manifestly unfounded, excessive or repetitive in character the Trust can either levy a reasonable fee taking into account the administrative burden associated in providing a response or refuse to act upon the request.

**Address for completed requests:**

Medical Legal Department

Royal Bolton Hospital

Minerva Road, Farnworth, Bolton

BL4 0JR

# Appendix C: Request for Access to Medical Records

Date:

Dear

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient name:** |  | **Date of Birth:** |  |
| **Casenote Number:** |  | **NHS Number:** |  |

We have received an application for access to this patient’s Hospital case notes from: -

|  |  |
| --- | --- |
|  | This patient with signed consent |
|  | On behalf of the patient (with consent) |
|  | Specific Agency - |

The UK General Data Protection Regulation and Data Protection Act 2018 (DPA) governs access to the health records of living people.

Competent patients may apply for access to their own records, or may authorise third parties such as lawyers, employers, or insurance companies to do so on their behalf. Competent young people may also seek access to their own health records. It is not necessary for competent patients to give reasons as to why they wish to access their records. The circumstances for non-disclosure are detailed overleaf.

**Health professionals releasing information to solicitors acting for their patients should ensure that they have the patient’s written** **consent to disclosure and, where there is any doubt please check with Medical legal Department on 5361.** In practice, most solicitors will provide the patient’s signed consent when requesting confidential information.

**Please indicate your instructions below:- Please return within 10 working days of the date above**

|  |  |
| --- | --- |
|  | Unlimited access |
|  | Limited access – Please specify Below |
|  | View with Consultant Present |
|  | Access denied – Please state Reason below |
|  | Information harmful to the patient |
|  | Information would identify a third party |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consultant signature |  | Date |  | Extension |  |

|  |  |
| --- | --- |
| **PRINT NAME** |  |

Thank you for your assistance.

Yours sincerely,

**Guidance Notes:**

**When should access be given?**

Health professionals may supply copies of records only if a formal application for access to the records has been made.

Requests for access must be made in writing on a form or letter or electronically. Once the written request has been received, the individual must be advised of the relevant fee and copies supplied to them promptly and, in any event, within 30 days.

**When should information not be disclosed?**

Information should not be disclosed if:

* It is likely to cause serious physical or mental harm to the patient or another person; or
* It relates to a third party who has not given consent for disclosure (where that third party is not a health professional who has cared for the patient); or
* It is requested by a third party and the patient had asked that the information be kept confidential; or
* The records are subject to legal professional privilege or, in Scotland, to confidentiality as between client and professional legal advisor. This may arise in the case of an independent medical report written for the purpose of litigation; or
* It is restricted by order of the courts; or
* It relates to the keeping or using of gametes or embryos or pertains to an individual being born as a result of in vitro fertilisation; or
* In the case of children’s records, disclosure is prohibited by law, e.g. adoption records

While the responsibility for the decision, as to whether or not to disclose information, rests with the Trust, advice about serious harm must be taken from the appropriate health professional. Circumstances in which information may be withheld on the grounds of serious harm are extremely rare, and this exemption does not justify withholding comments in the records because patients may find them upsetting. **An example might be where a parent may apply for access to their fourteen-year-old child’s health records**. The child may have made some reference to his/ her parents (the third party), contained within their health record, of which the child didn’t want disclosing. The health professional may withhold this information from the child’s parents.

The appropriate health professional needs to be consulted before the records are disclosed. This is usually the health professional currently or most recently responsible for the clinical care of the patient in respect of the matters which are the subject of the request. If there is more than one, it should be the person most suitable to advise. If there is none, advice should be sought from another health professional who has suitable qualifications and experience.

**Deceased Patients**

**Who can apply for access?**

Unless they requested confidentiality while alive, a patient’s personal representative and any other person who may have a claim arising out of the patient’s death has a right of access to information in the deceased person’s records directly relevant to a claim

**Are relatives entitled to information about the deceased’s last illness?**

While there is no legal entitlement other than the limited circumstances covered under the Access to Health Records legislation, health professionals have always had discretion to disclose information to a deceased person’s relatives or others when there is a clear justification.

Refusal to disclose in the absence of some evidence that this was the deceased patient’s known wish exacerbates suspicion and can result in unnecessary litigation. In other cases, the balance of benefit to be gained by the disclosure to the family, for example of a hereditary or infectious condition, may outweigh the obligation of confidentiality to the deceased.