

# CHERRY MEDICAL PRACTICE

## Patient Access to Medical Records Policy and Request Form

### What Constitutes a Health Record?

A health record could include, and not exhaustively, hand-written clinical notes, letters between clinicians, lab reports, radiographs and imaging, videos, tape-recordings, photographs and monitoring printouts. Records can be held in both manual and digital formats.

### What type of request is being made?

Under the DPA, patients have the right to apply for access to their health records. Provided that a written application is made by one of the individuals referred to below, the practice is obliged to comply with a request for access subject to certain exceptions. However, the practice also has a duty to maintain the confidentiality of patient information and to satisfy itself that the applicant is entitled to have access before releasing information.

For deceased persons, applications are made under sections of the 1990 Access to Health Records Act, which has been retained. These sections provide the right of access to the health records of deceased individuals for their personal representative and others having a claim under the estate of the deceased.

### Patient Access to Medical Records Policy

#### **The Data Protection Act 2018**

The scope of this Act includes the right of patients to request information on their own medical records. Requests for information under this Act must:

- Be in writing to the data controller (Dr Sapna Tandon is the data controller) at CHERRY MEDICAL PRACTICE. (E-mail requests are allowed. Verbal requests can be accepted where the individual is unable to put the request in writing – this must be noted on the patient record);
- Be accompanied with sufficient proof of identity to satisfy the data controller and to enable them to locate the correct information (where requests are made on behalf of another, the data controller must satisfy themselves that correct and adequate consent has been given);
- Be accompanied with the correct fee where applicable (see below for guidance on fees);

The data controller should check whether all the individual's health record information is required or just certain aspects.

Where an information request has been previously fulfilled, the data controller does not have to honour the same request again unless a reasonable time-period has elapsed. It is up to the data controller to ascertain what constitutes a reasonable time-period.

Requests for health records information under a Subject Access Request (a request from the person that the data relates to) should be recorded internally and fulfilled within 30 calendar days (unless under exceptional circumstances – the applicant must be informed where a longer period is required). Information given should be in a manner that is clear and intelligible to the individual.

Anyone making such a request is entitled to be given a description of:

- Which data (categories) are being processed
- Details of the data controller, including contact details
- Contact details of the Data Protection Officer
- Why the practice is processing that data, the applicable legal basis and whether there is a statutory or contractual requirement to process data
- Other organisations that data may be shared with
- Whether there is any data processing taking place outside of the European Union
- The retention period for the data categories
- Individual rights to rectification, erasure, withdraw consent/object/opt out, data portability, ability to take complaints to the ICO

**The General Data Protection Regulation (EU) 2016/679 and Data Protection Act 2018 only apply to living persons, but there are limited rights of access to personal data of deceased persons under the Access to Health Records Act 1990.**

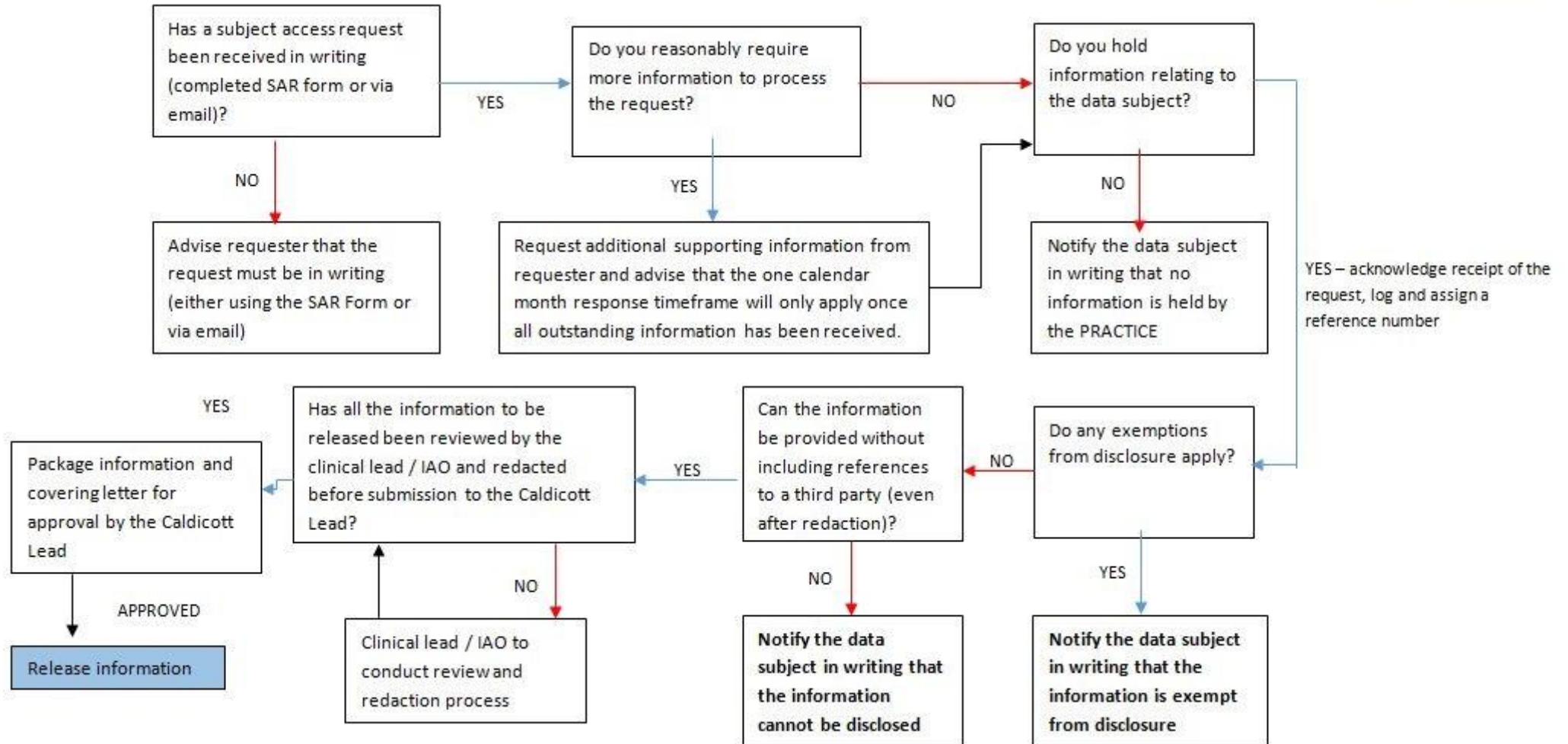
### **Access Request Fees**

Under the new Data Protection Act 2018 (which incorporates the GDPR requirements), this removes the charge fees for fulfilling an SAR unless the Practice determines that the request is “manifestly unfounded or excessive”, and it tightens the statutory timescales to 30 days to complete the request.

If a Practice finds that the request is unfounded or excessive, they can deny the request for information (and state in clear terms to the requestor why they consider it to be so) or charge a fee for the information. The person requesting information should be advised of any relevant fees as soon as possible after the Practice has received the request, and this should be paid before the information is processed.

*The fee must be based on the administrative cost of providing the information only. The practice will need to be prepared to justify their reason for deeming the request 'manifestly unfounded or excessive'.*

# Subject Access Request – Flow Diagram



# CHERRY MEDICAL PRACTICE

## Patient Access to Medical Records - Request Form

### Access to Health Records under the Data Protection Act 2018 (Subject Access Request)

Patient's authority consent form for release of health records  
(Manual or Computerised Health Records)

(Please print all details and use dark ink)

|   |
|---|
| To: (Please provide GP name, Practice address and contact details here) |
|---|

#### Identity of individual about whom information is requested

|  |                                       |
|--|---------------------------------------|
| Full Name                                  | Former name(s)                        |
| Current address                            | Former address (with dates of change) |
| Date of birth                              | NHS number (if known)                 |
| Contact phone number (including area code) | E-mail address: (optional)            |

**What is being applied for (tick as applicable). In doing so you understand you may have to pay a fee for access or copies of your records.**

|  |                          |
|--|--------------------------|
| I am applying for access to view my health records | <input type="checkbox"/> |
| I am applying for copies of my health record       | <input type="checkbox"/> |

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements 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 on the following page to document this information:

**Dates and types of records:**

|  |
|--|
|  |
|--|

**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 |  |

**If you are the patient's representative please give details here:**

|                                    |
|------------------------------------|
| Name and address of representative |
| Contact number and E-mail          |
| Signature                          |

**Signature of applicant .....**

**Print name.....**

**Date.....**

**(Office use only) Date of application received .....**

**Received by .....**

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

# CHERRY MEDICAL PRACTICE

## Patient Consent Form for another person to access their medical records

| <b>Patient's Details</b><br>(The person whose records another individual(s) is to be given access to) |  |
|---|--|
| <b>Surname</b>  |  |
| <b>First Names</b>  |  |
| <b>Date of Birth</b>  |  |
| <b>Male / Female</b>  |  |
| <b>Address</b>  |  |
| <b>Tel No.</b>  |  |

| <b>Details of person to be given access to this Patient's information</b> |  |
|---|--|
| <b>Full Name</b>  |  |
| <b>Address</b>  |  |

(if more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

| <b>Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making &amp; cancelling appointments, or for a specified time period only)</b> |
|--|
|  |

| <b>I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.</b> |  |
|--|--|
| <b>Signature</b>   |  |
| <b>Date</b>  |  |

**Consent for children under 16 (Gillick Competence)**

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

**I am the Patient / Parent / Guardian (delete as necessary).**

**Signature:** .....

**Full Name:** .....

**Address (if not the same as patient):**

.....  
.....