

## 19. Application for access to Health Records Subject Access Request (SAR)

### Data Protection Act 1998 & EU General Data Protection Regulation (GDPR) A Guide for Applicants

The Data Protection Act 1998 gives individuals the right to request access to personal records held on them by organisations such as the St. Andrew' Medical Centre. This is known as a Subject Access Request (SAR).

#### Who can apply to access medical records?

- the patient
- another person (with the patients written permission)
- a parent or guardian of a person under 16 (where a child is considered capable of making decisions about his/her medical treatment, the consent of the child must be sought before a person with parental responsibility can be given access)
- a court appointed representative of someone who is unable to manage their own affairs

#### How to request access to your records

**A. Complete an application form** - in this document, or download one from our website page **Forms & Leaflets** or,

**B. Write a letter** with all of the following information for us to process your request, include your name, address, daytime telephone number and date of birth.

- name and address of the person / agency making the request (if they are making a request on your behalf).
- signed consent from the individual whose records are being requested.
- the records that are required (information such as relevant dates, name of clinic or hospital, etc. would be useful in locating records).
- other information that may be relevant - e.g. NHS number.
- proof of identity

#### Where do I send my application form or letter?

The Practice Manager, St. Andrew's Medical Centre, Pinewood Gardens, Southborough, Tunbridge Wells, Kent TN4 0LZ.

#### What proof of identity do I need to provide?

SAMC can't 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 – examples as below (please do not send original copies):

##### 1. Applying for copies of your own records, you will need to provide us with:

- proof of your identity.
  - current passport OR full driving license OR birth certificate AND
  - a copy of a current utility bill OR bank statement to verify your current address

##### 2. Applying for copies of records on behalf of the patient. You will need to provide us with:

- proof of your identity (as in (1) above)
- written authorisation from the patient for you to have access to their records

3. Applying on behalf of a child (persons with parental responsibility), or Power of Attorney / Agent applying on behalf of an individual. You will need to provide us with:

- copy of the birth certificate
- correspondence addressed to the person with parental responsibility relating to the patient
- a copy of a court order authorising Power of Attorney / Agent
- proof of the patient's identity (as in (1) above)

GP Health Records for deceased individuals

NHS England is the data controller of GP health records where an individual is deceased. These records are held by Primary Care Support England (PCSE) on behalf of NHS England. You can find the application form and details of where to send your request on [www.pcse.england.nhs.uk/organisations/public/](http://www.pcse.england.nhs.uk/organisations/public/)

**Can I see all of my medical records?**

In general, all the personal records you request will be released to you although there may be circumstances where certain information could be restricted. These are:

- a health care professional can restrict access to information which may cause serious harm to your mental or physical health
- information may be withheld if the patient has asked for it not to be disclosed
- old records may have destroyed in accordance with NHS policy
- records which identify or relate to another person - these maybe fully or partially withheld

You can find more information about accessing health records on the **NHS Choices website**.

**What will happen after I apply and how long will it take?**

We aim to make your records available to you within 28 days of receiving your fully completed request, including proof of your identity.

You may however, prefer to only view the records, in which case SAMC will arrange a suitable time and location for you to come in and view the records. A member of staff will be need to be in attendance during the viewing of the records.

**If you are not satisfied with your response**

In the first instance, you should write to SAMC at the above address explaining why you are dissatisfied with the response.

If you remain dissatisfied with the response you can contact the body with responsibility for enforcing Data Protection: The Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Alternatively, you can visit [www.ico.gov.uk](http://www.ico.gov.uk) for further information about Subject Access Requests under the Data Protection Act 1998.

If you feel we have failed to disclose information to you without good reason, you can make a complaint by following the Practice Complaints Procedure.



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| Details of the RECORD TO BE ACCESSED   |  |                         |  |
|--|--|-------------------------|--|
| Patient surname  |  | First name              |  |
| Address  |  | Post code               |  |
| D.O.B (dd/mm/yy)   |  | NHS number              |  |
| Details of the PERSON who wishes TO ACCESS THE RECORD, if different to above |  |                         |  |
| Surname  |  | First name              |  |
| Address  |  | Post code               |  |
| Telephone No.  |  | Relationship to Patient |  |

| 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 Data Protection Act 1998.<br>Please <b>TICK</b> whichever of the following statements apply: |                          |
| I am the patient   | <input type="checkbox"/> |
| I have been asked to act by the patient and attach the patient's written authorisation   | <input type="checkbox"/> |
| I am acting in <i>Loco Parentis</i> and the patient is under age sixteen, and is incapable of understanding the request/has consented to me making this request. (*delete as appropriate)  | <input type="checkbox"/> |
| Signed   | Date                     |

/continued

| <b>PATIENT (or person authorised) to complete: application details (TICK as appropriate)</b>                    |                           |
|---|---------------------------|
| Please provide a brief explanation for your request to access your medical records                              |                           |
| <b>I would like to view my records only</b> <i>A date will be offered to you when you may view your records</i> |                           |
| <b>I would like a copy of records between specific dates only</b>   |                           |
| <i>Date from:</i>   | <i>Date to:</i>           |
| <b>I would like copy records relating to a specific condition / specific incident only</b>                      |                           |
| <i>Date:</i>  | <i>Condition/Incident</i> |
| <b>I would like a printed copy of computerised only records</b> (complete from 2005)                            |                           |
| <b>I would like photocopies of all computerised and paper records</b>   |                           |
| <b>I would like to collect copies of the records or have authorised someone else to collect for me</b>          |                           |
| <b>Name of person to collect</b>  |                           |

| <b>IDENTIFICATION – PATIENT (or person authorised) to provide with application</b>  |  |
|---|--|
| Identity documentation is required in order for us to process your request. Provide <b>copies</b> as below. Please note: <ul style="list-style-type: none"> <li>The copy identity documentation will be shredded once we have verified your identity</li> <li>It is an offence under section 55 of the Data Protection Act 1998 to impersonate a data subject.</li> </ul> | <b>SAMC use only</b><br>(Initial as seen & date) |
| <b>If SAR for Patient</b>   |  |
| Your Passport or Driving License OR Birth Certificate   |  |
| And your Current utility bill or bank statement   |  |
| <b>If SAR on behalf of patient as authorised by patient</b>   |  |
| Your Passport or Driving License OR Birth Certificate   |  |
| And your current utility bill or bank statement   |  |
| And written authorisation from patient  |  |
| <b>If SAR on behalf of child by persons with parental responsibility or Powers of attorney/Agent</b>  |  |
| Contact us to confirm ID required for SAR on behalf of child  |  |

