Dorset County Hospital
NHS Foundation Trust

UK DATA PROTECTION ACT 2018 & UK GENERAL DATA PROTECTION REGULATIONS

OR

ACCESS TO DECEASED PATIENT RECORDS (UNDER ACCESS TO HEALTH RECORDS ACT 1990)

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

Who can make a request for access to personal information?

Patients who have a relationship with the Trust, have a right under the UK Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulations (GDPR) to access personal data about themselves.

There are certain circumstances where individuals may request to have access to another person's records:

- Normally a person with parental responsibility will have the right to apply for access to their child's health record. However, we will give careful consideration to the duty of confidentiality owed to the child. This is because some children under the age of 16 have the capacity and understanding to make a decision about access to their personal information. Therefore, the final decision to provide access will be made by those involved in the health care of the child. Proof of entitlement and ID is outlined on the Request Form.
- For patients who may lack mental capacity to make their own decisions and also to apply for access to their own records, the Act does allow certain other individuals a right of access. However, in order to protect these patients, there are strict requirements which must be met, as outlined on the Request Form.
- Consent from a patient may be given for someone else to make a request to access their records; certain requirements need to be met before we can provide access.
- There are some circumstances where the records of deceased patients can be accessed by their personal representative.

What you can expect to have access to

It is expected that you will be able to have access to copies of all your records. However, there are occasions when this may not be possible (under these legislations), because the release of the record may.

- Cause serious harm to your physical or mental health or any other person, or.
- Disclose information relating to (or have been provided by) another person not involved in your care and who has not consented to the disclosure.

If this is the case, that element of the record will be obscured or redacted (not included).

- Radiology images and reports are not always processed together**.** The images may be provided first, while the written reports will follow later.

What you need to do

Your request may be submitted verbally or in writing and you will need to provide copies of your ID and/or provide proof of entitlement. A request does not need to be in a particular format. We have, however, produced this Subject Access form that may assist you to provide the information that we need to deal with your request, but it is not mandatory that it is completed.

Please note that the Trust is obligated to comply with requests 'promptly' and in any event within 1 calendar month of the date on which the request is received by the correct responsible officer. Any delays in getting the required information will be notified by return post or email to the address given on your form.

REQUEST FOR ACCESS TO MEDICAL RECORDS UNDER THE UK DPA 2018, UK GDPR 2018 & THE UK AHRA 1990 (FOR DECEASED PATIENTS)

Personal information provided in this form is required to enable your request to be appropriately processed in accordance with the above and will only be used in conjunction with this request.

SECTION 1 – Contact Details of Person Making the Request

Surname:

First Name

Title: Dr / Mrs / Miss / Ms / Mr / Master / Other

Current Address (including postcode):

Telephone contact number:

E-Mail Address:

Any confidential information sent from the Trust via email will be sent securely. In the eventuality that we have to send confidential information insecurely, we will only do so with your explicit permission.

SECTION 2 – Details of Person To Whom The Records Relate

Surname:

First Name

Title: Dr / Mrs / Miss / Ms / Mr / Master / Other

Other names by which known e.g. when changed by marriage:

Date of Birth:

NHS/Hospital Number if known:

Address at time of treatment/contact with the Trust (including postcode)

Please tick as appropriate:	**Please tick as appropriate (details are on the checklist at the end of the request form):**
□ I am the patient/service user to whom the records relate □ I have the patient's consent □ I am a legal parent/guardian and have responsibility for a patient under age 16 years □ The patient is incapable of managing their own affairs □ The patient is deceased.	□ I have attached ID as per the checklist □ I have attached evidence of consent/authority

SECTION 3 – Details Of Records Required and Dates of contact/treatment

Please provide as much information as you can, you can add extra paper.

Consultant/specialty:

Date(s):

Clinic/Ward(s) attended:

Radiology reports: Yes/No

Radiology images: Yes/No

Blood pressure & temperature charts: Yes/No

Pathology reports: Yes/No

Histology reports: Yes/No

Drug Charts: Yes/No

SECTION 4 - Confirmation of Identity of Applicant

We cannot process your application without a photocopy of one form of **photo** ID. Please indicate which of the following identification documents is/are enclosed or attached to an emailed request. dch.subjectaccessrequest@nhs.net
(You must also include proof of address if receiving information by post):

☐ Driving Licence

☐ Passport

☐ Birth Certificate

☐ Additional proof of address e.g. utility bill (for postal return)

Important note: *please do NOT forward original documents, as we regret that we cannot assume responsibility for their safety. Photocopies are perfectly acceptable*.

SECTION 5 – Confirmation of Authority, to access another person records.

We cannot process your application without valid evidence of your authorisation to represent the patient in personal welfare decisions.

Please indicate which of the following authorisation documents are enclosed:

Request for access to another living person's record:
□ Letter of consent and copy of ID

Mental Capacity request:
□ Lasting Power of Attorney
□ Court Order
□ Appointed Receiver

Parental responsibility request:
□ Proof of parental responsibility

Deceased Patient's records:
□ Section of will naming you as Executor/Administrator
□ Copy of Grant of Probate
□ Copy of letters of administration
□ Other legal evidence showing entitlement e.g. letter from solicitor outlining details of a claim

Important note: *please do NOT forward original documents, as we regret that we cannot assume responsibility for their safety. Photocopies are perfectly acceptable.*

SECTION 6 – Your Declaration

I declare that the information given by me on this form is correct to the best of my knowledge and that I am entitled to apply for access. The copy evidence I have provided is an exact copy of the original document. I understand that providing a false representation is a prosecutable offence under sections 2 & 6 of the UK Fraud Act 2006.

Signed:

Dated:

SECTION 7 – Return of the completed form, ID, and evidence.

Please return the completed form and your copy documents via post or E-Mail to:

Subject Access Request Administrator
Health Records Department
Dorset County Hospital NHS Foundation Trust
Williams Avenue
Dorchester
Dorset
DT1 2JY

dch.subjectaccessrequest@nhs.net

SECTION 8 – Disclosure options:

Access to the information requested: *Please select one option*

☐ I would like to receive the information electronically, via a secure email portal

☐ I would like to collect the information.

I can be contacted about this request using the information provided above:

☐ by email ☐ by phone ☐ by post