

Application Form for Access to Health Records

(Under the Data Protection Act 2018 or Access to Health Records Act 1990)

Part 1:

Details of the Applicant

Surname	
Forename	
Date of Birth	
Current Address	
Telephone Number (preferred)	
Alternative Telephone Number	
Email Address (Please provide if you wish us to send an acknowledgment and further correspondence to you by email)	
Please state if you would like a scanned copy of the records sent to your email address (only possible for a small number of sheets).	Yes / No

In order for the Trust to communicate via email in relation to your request the Trust must ensure that you, the recipient, fully understand that email is not a secure communication method as any email sent is open to interception or alteration. Further the sending of an email does not guarantee that it has been successfully delivered or received.

By agreeing to correspond by email you accept and agree that the Royal Surrey County Hospital NHS Foundation Trust cannot be held responsible for the security of your personal information coming in and out of our IT network.

Part 2:

Details of the Person whose information is being requested

Surname	Forename
Date of Birth	Sex
Current (or last known) Address	Former Address
NHS Number (If Known)	Hospital Number (If Known)

Please use the space below to indicate if you only require specific parts of the health record being requested. For example, you may only require copies for a specific time period or relating to a particular Department or Specialty.

Please note that completion of this section is optional.

Part 3

Declaration by the Applicant

I declare that the information given to me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to in this form under the terms of the Data Protection Act 2018 or the Access to Health Records Act 1990. I understand that the Royal Surrey County Hospital NHS Foundation Trust is required to confirm proof of identity and/or authority.

Please tick as appropriate:

	I am the patient.
	I have been asked by the patient to act as their authorised representative and the patient has signed below to confirm this.
	<p>I am acting on behalf of a child under the age of 16 and:</p> <ul style="list-style-type: none"> • The patient is incapable of understanding the request • The patient has consented to me acting on their behalf (if the patient understands the nature of the application their signature is required at the end of this declaration)
	I have Lasting Power of Attorney (Health and Welfare)

If you are requesting health records for a person that is deceased then the Access to Health Records Act 1990 requires that you provide a reason for accessing their records. Access will be granted in limited circumstances and in accordance with the Act. Please tick as appropriate:

	I am the deceased person's Personal Representative or an executor of their Will (please provide evidence – see Part 4).
	<p>I have a claim arising from the patient's death and wish to access information relevant to my claim. The details of my claim are:</p> <p>(Please note that access will be limited to those parts of the records that relate to your claim)</p>

Full Name (Please Print)	
Signature	
Date	

Please sign below if you authorise another person to act on your behalf.

Full Name (Please Print)	
Signature	
Date	

Part 4

Identity Verification

To prevent personal information being released to unauthorised persons, it is important that we see proof of identity. Please only send copies; do not send original documents to the Royal Surrey County Hospital.

Please provide 1 form of photographic proof of identity and 1 proof of address.

If no photographic proof of identity is available then please provide 1 from the list of other identity documents and 2 from proof of address.

Photographic proof of identity

- Passport (any current and valid passport)
- Driving Licence (current licence, full or provisional)

Proof of address (must be dated within the last 3 months)

Print outs of online statements/bills is acceptable

- Bank or building society statement
- Bank or building society account opening confirmation letter
- Benefit Statement, e.g. Child Benefit, Pension
- Credit card statement
- Council Tax statement
- Financial statement, e.g. pension or endowment
- Mortgage statement
- Utility Bill (not mobile telephone bill)

Other identity documents

- Adoption Certificate
- Birth Certificate (full version only, the short version will not be accepted)
- EU National ID card
- Marriage/civil partnership certificate
- HM Forces ID card
- Work permit or visa

The additional documentation is also required:

A request from a parent/guardian of the patient must include proof of parental responsibility

- Birth Certificate of the child (full version only, the short version will not be accepted)
- Court order of parental responsibility

A request from someone acting on behalf of the patient

- Written consent from the patient
- Power of attorney for health and welfare (power of attorney for property and financial affairs will not be accepted)
- Deputyship under the Mental Capacity Act

A request from a personal representative for a deceased patient (one of the following)

- Copy of the Last Will & Testament naming you as executor
- Solicitor letter granting executor status
- Grant of probate

A request from any person with a claim arising from the death of a person

- Evidence of a claim arising from the death of a person (e.g. letter from Solicitor)

Part 5

Fees and Procedure

Information will normally be provided free of charge.

A reasonable fee for administrative costs may be charged if a request is manifestly unfounded or excessive, for example if it is repetitive.

We will advise you if a fee is required and provide details of how to pay by cheque or by card.

A copy of the notes will be sent within one calendar month of receipt of the request. If we are having any difficulty meeting this timeframe we may extend by a maximum of two calendar

months. We will notify you before the end of one calendar month if an extension is required and the reasons for this.

Please note that if you are requesting a copy of notes for a deceased person under the Access to Health Records Act 1990 the notes will be sent within 40 calendar days. We will notify you if there are any difficulties in meeting this deadline.

Please return the completed Application Form to the following address:

Healthcare Records Manager

Royal Surrey County Hospital NHS Foundation Trust

Egerton Road

Guildford

Surrey

GU2 7XX

Telephone: (01483) 571122 extension. 2032 or 2564

Email: rsc-tr.MedicalRecordsDPA@nhs.net

Alternatively you can deliver your Application Form direct to the Medical Records Reception desk on Level A at the Hospital. The office hours are 08:00 to 16:30 Monday to Friday.

We would recommend that you telephone in advance to make an appointment if you would like to discuss your request with a member of the team.

Part 6

Privacy Notice

The information provided in this Application Form will only be used for the purposes of processing the application. You may withdraw your request for access to medical records at any time by contacting the Healthcare Records Department at the contact details contained in Part 5 of this application form.

We will consult with a health professional before any copies can be released to ensure that no information about an individual's physical or mental health or condition will be released if it would be likely to cause serious harm to them or to another person's physical or mental health or condition.

Information will also be withheld if it relates to third-party details or if an individual has made it clear that they did not want the information disclosed.

If the request is being made in connection with a potential complaint or legal claim against the Trust arising from treatment then we may refer to our Legal Services team.

Information relating to the application for access to health records will be retained as per the guidance in the Records Management Code of Practice for Health and Social Care 2016. This is currently 3 years following the closure of the request or 6 years where there has been a subsequent appeal. At the end of the retention period information will be destroyed in a secure and confidential manner.

If you are unhappy with the service provided you can make a complaint in writing to the Chief Executive, Royal Surrey County Hospital NHS Foundation Trust, Egerton Road, Guildford, Surrey, GU2 7XX or by email to rsc-tr.Complaints@nhs.net. We will take your complaint seriously, fully investigate your concerns and advise you of our findings as soon as possible.

You can also raise a concern to the Information Commissioners Office whose contact details can be found below:

Address: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Helpline Telephone: 0303 123 1113

Email: casework@ico.org.uk

Website: www.ico.org.uk