

Subject Access Request - Data Protection Act 1998

This form is used to confirm the identity of the patient, the identity and authority of the applicant (where applicable) and to assist in locating information relating to the patient requested by the applicant. Please complete it and send it to the address at the end of the form. If you need any help please call **020 331 55446** or email:

BusinessAdministrationOffice@chelwest.nhs.uk

**PLEASE READ INFORMATION SECTION (Pages 6 – 8)
BEFORE COMPLETING THIS FORM**

Section 1 - Who is the patient?

Patient's Surname	
Patient's Forename(s)	
Date of Birth	
Hospital Number	
Address	<div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div>
	Country:
	Post Code:

If the patient has lived at this address for less than 2 years please tell us their previous address	<div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 2px;"></div>
	Country:
	Post Code:

Telephone number	
E-mail address	

Section 2 - What are your personal details?

(a) Are you the patient?

Yes

No

If you have answered “Yes”, go straight to Section 3 on page 3. Otherwise please provide the information below:

Your full name	
Address	
	Country:
	Post Code:
Telephone number	
E-mail address	

(b) If you are NOT the patient please tick the appropriate box below to state your relationship with them:

- I am the patient’s parent (with parental responsibility) and the patient is under 16 years old and: *(is incapable of understanding the request) (has consented to my making this request) *delete as appropriate
- I have been asked to act by the patient and attach the patient’s written authorisation
- I am the deceased patient’s Personal Representative and attach confirmation of this
- I have a claim arising from the patient’s death and wish to access information relevant to my claim and attach an explanation of the claim being considered
- I have been appointed as the Mental Capacity Advocate for this patient and wish to access copies of their records. I attach confirmation of my appointment
- Other? (please state):.....
.....

What written authority have you enclosed which supports your entitlement to the information you are requesting?	
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Section 3 - Confirming your identity and address

(a) In order to confirm your identity, you will need to send us the original or a **certified copy*** of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed:

- Full valid current passport issued by a member state of the EEA (European Economic Area)
- ID card issued by a member state of the EEA (European Economic Area)
- Full valid driving licence issued by a member state of the EEA (European Economic Area)
- Birth Certificate or Certificate of Registry of Birth or Adoption Certificate
- Travel documents issued by the Home Office
- Certificate of Naturalisation or Registration
- Home Office Standard Acknowledgement Letter

If your name is now different from that shown on the document you submit to confirm your identity, you must also supply documentary evidence to confirm the change of name. This must be the original or a **certified copy*** of a Marriage Certificate or Decree Absolute or Decree Nisi papers, Deed Poll or Statutory Declaration.

(b) You must also confirm your address by sending us the original or a **certified copy*** of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed:

- Gas, electricity, water or telephone bill in your name for the last quarter
- Council tax demand in your name for the current financial year
- Bank, building society or credit card statement in your name for the last quarter
- Letter addressed to you from solicitor or social worker
- Pension Book or Jobseeker's Allowance Book

*A **certified copy** is one on which a person able to sign (e.g. Justice of the Peace, solicitor, medical doctor) has certified that it is a true copy of the original document.

(c) If you are applying on behalf of another person, you will need to show proof of **your** identity as well as theirs, plus proof that you have permission to act on their behalf. We will accept one of the following as proof that you have permission to act on their behalf. Please tick the appropriate box to indicate which document you have enclosed:

- A signed declaration by the patient
- A signed declaration by a health professional, police officer or MP confirming that the patient is unable to make the request themselves
- A document confirming that you are the parent or guardian of the patient (if this is the case and the patient is a minor)

Section 4 – What information is requested

Please tick the appropriate box to indicate if you wish to access:

ALL records

or

Specific records regarding the treatment of (please state condition/illness and approximate date):

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Please tick ALL relevant boxes to indicate which types of records you wish to access

- Clinical Records (inpatient & outpatient)
- Accident & Emergency Records
- Physiotherapy records
- Hand Therapy records
- Burns records
- Medical Illustration
- X-Rays
- X-Ray Reports

Please tick the appropriate box to indicate if you would you like copies of these records or just to view them

- I would like to view the records
- I would like copies of the records

Section 5 - Formal Declaration

In exercise of the right granted to me under the terms of the Data Protection Act 1998, I request that you provide me with the information I have indicated overleaf. I confirm this is all of the information to which I am requesting access. I also confirm that I am either the Patient, or am acting on their behalf. I am aware that it is an offence to unlawfully obtain such information, e.g. by impersonating the Patient. I certify that the information given in this form is true. I understand that it is necessary for Chelsea and Westminster Hospital Foundation Trust to confirm my identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

Signed	
Print name	
Date	

Please make sure you have:

- completed this form in full
- signed the declaration above
- enclosed the relevant proof of identity
- enclosed the relevant proof of address
- if applying on behalf of another person, their permission together with any authorities to act on their behalf

Send the completed form and enclosures to:

**Business Administration Office
 Medical Records Department
 Chelsea and Westminster Hospital Foundation Trust
 369 Fulham Road
 London
 SW10 9NH**

Note: We recommend that you send your form and documents by a secure method e.g. Recorded Delivery. Chelsea and Westminster Hospital NHS Foundation Trust will return all original documents as soon as possible via recorded delivery. If you deliver your documents in person we will verify these at the time of your visit, retain copies of those documents and return them to you.

If you need any help please call **020 331 55446** or email:

BusinessAdministrationOffice@chelwest.nhs.uk

Section 6 - Information

YOUR RIGHTS

Occasionally, it is important to see your records; especially if you are making a complaint, considering legal action or think that there may be inaccurate information in them. If you would like to see your records, you should ask the doctor or health professional to show them to you during a normal consultation and explain them to you.

If you do not want to do this, or the doctor or health professional is not able or willing to show you the records, you have the right to see your records under the Data Protection Act 1998. It applies to both NHS and private medical records and the records of employers who hold information on your health.

The Act gives right of access, but the record holder may withhold any information, which might cause serious harm to physical or mental health, or identify a third party. The record holder does not have to disclose the fact that information has been withheld.

Patients have a right to have their personal health information kept confidential, and record holders are obliged to be satisfied that an applicant is the patient, or is otherwise entitled to access that patient's records. At the very least, we will need to confirm your identity, but we may also have to make further enquiries.

You can ask for corrections to the record, and you are entitled to a copy of the correction, or, if the record is not corrected, the record holder's note of the request and any discussion that has followed.

If you have been refused access to your record, or if you think you may not have received all the information, or if you are dissatisfied with the way your application has been dealt with; you should take the matter up in the first instance with PALS who can put you in contact with the designated officer for complaints, so that you can make a complaint under the NHS complaints procedure. If you are still dissatisfied you can complain to the Information Commissioner. For more information visit the relevant site at:

<http://www.ico.gov.uk/>

RECORDS OF SOMEONE WHO HAS DIED

The statutory rights of access to these are contained within the Access to Health Records Act 1990 the provisions of which are very similar to those of the Data Protection Act 1998, and are summarised below:

- The patient's personal representative i.e. executor or administrator or someone applying on their behalf can apply for access to the health records. Legal documentation will be required to confirm appointment to this role.

Under the Access to Health Records Act 1990, a deceased person's representative can access information about the deceased. It should be noted that, a deceased person's next of kin is not necessarily the deceased person's representative.

If a will is made, then it is the executor of the will who is the lawful personal representative. If no will is made and the deceased died intestate, it is at this stage that the closest "next of kin" can apply, through a solicitor, for a **Letter of Administration** to handle the deceased's affairs.

- Any person who may have a claim arising out of the patient's death or someone applying on their behalf can apply for access to the health records. An explanation of the claim being considered will be required and no information which is not directly relevant to the claim may be released.
- Information may be withheld if the patient gave it in the past on the understanding that it would be kept confidential. Similarly, no results of examinations or investigations which the patient thought would be confidential at the time they were carried out can be disclosed. No information at all can be revealed if the patient requested non-disclosure.

CHILDREN

Children can apply to see their own records. A young person aged 16 or over or Gillick competent can access their medical records. A child under the age of 16 who is Gillick competent and who in the view of the appropriate health professional is capable of understanding what the application is about, can prevent a person with parental responsibility from having access to their records. In cases where, in the view of the health professionals, a child patient is not capable of understanding the nature of the application, the holder of the record is entitled to deny access to that child. Parents with parental responsibility (see below) can apply on behalf of a child under the age of 16, although normally the child will need to agree, if he himself/she herself has been declared Gillick competent. If the child is not able to understand the nature of the request, the record holder must be satisfied that it is in the interests of the child for the parents to see the records. Parents may not be allowed to see information which the child has given in confidence, such as about contraception or problems in the home.

Who has parental responsibility?

If the parents of a child are married to each other or if they have jointly adopted a child, then they both have parental responsibility. This is not automatically the case for unmarried parents. According to current law, a mother always has parental responsibility for her child. A father, however, has this responsibility only if he is married to the mother or has acquired legal responsibility for his child through one of these three routes:

- (after 1 December 2003) by jointly registering the birth of the child with the mother
- by a parental responsibility agreement with the mother
- by a parental responsibility order, made by a court

Living with the mother, even for a long time, does not give a father parental responsibility and if the parents are not married, parental responsibility does not always pass to the natural father if the mother dies. A father can apply to the court to gain parental responsibility.

Source: http://www.direct.gov.uk/en/Parents/ParentsRights/DG_4002954

FEES

You can be charged up to a maximum of £50 for which you will be invoiced before copies of the notes are released to you (**please do not send any money or cheques with your application form**).

To allow patients to **view** their health records (where no copy is required) the costs are:

- Where the request is for either manual files or computer files or a mixture of manual files and computer files the Trust will charge the maximum allowed £10 **unless the records have been added to in the last 40 days**

To provide **copies** of patient health records the costs are:

- Where the request is for files held solely on a computer the Trust will charge the maximum allowed £10
- Where the request is for only A&E records the Trust will charge £25
- Where the request is for either manual files or a mixture of manual files and computer files the Trust will charge the maximum allowed £50

If someone requests copies of their record after having just viewed them, then this would be considered as one access request with a simple £50 maximum fee. This would include the maximum £10 viewing fee.

Additionally, fees are not applicable to individuals in receipt of certain benefits such as Jobseeker's Allowance, nor will the Trust apply fees to requests from other NHS trusts, the police, the Coroners' Office or the courts. The fee will be applicable to private health institutions except where patients are attending as an 'NHS export', in which circumstances the Trust is obliged to provide medical records. Fees are also applicable to third parties acting on behalf of a patient such as a solicitor.