APPLICATION FOR ACCESS TO HEALTH RECORDS
(UNDER THE DATA PROTECTION ACT 1998)

Background

With effect from 1st March 2000, the Data Protection Act 1998 came into force, and provides the person to whom the information relates rights of access to automated, manual data in a relevant filing system and information processes. In this instance, manual data are the patient’s health records, automated data are computerised data held on the Hospitals patient administration systems and the processes are what type of information is held, details of the different specific types and why the information is held by the hospital.

People who can apply include the patient about whom the records has been compiled, or someone acting on behalf of the patient (e.g. by written authorisation, exercising parental rights, court appointment).

Rights

The Act gives rights of access, but the record holder may withhold information which might cause serious harm to the physical or mental health of the data subject or any other person. If there is information held on record that will identify any third party, then we may need, under certain circumstances, to seek their permission prior to disclosure. The record holder does not have to disclose the fact that information has been withheld.

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.

People applying for copies of their health records will be charged a fee which covers the copying costs. If a person wishes to have a copy of the automated record then a fee will be charged for the copies. The maximum charge under the Regulations is £50 per request to each data controller.

If you think you may not have received all the information you are entitled to, your rights will then be explained to you. Where the holder of the record is the hospital, you should take the matter up in the first instance with the Subject Access Supervisor on 01865 234853

Confidentiality

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 the patient’s records. At the least, we will need to check your identity, but we may also have to make further enquiries.

These rights are in addition to existing informal voluntary arrangements made in the hospital for allowing patients to see their records at the discretion of the health professional responsible for their care and treatment.

Address for completed requests:

For the attention of: Subject Access Team,
Data Quality Department,
Level 3,
West Wing,
Headley Way
Headington,
Oxford OX3 9DU
### Details of the records to be accessed:

<table>
<thead>
<tr>
<th>Patient:</th>
<th>Surname: ……………………………………………………………...</th>
</tr>
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<tbody>
<tr>
<td>Maiden Name or any previous Name:</td>
<td></td>
</tr>
<tr>
<td>Forename(s): ………………………………………………………</td>
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<td>Address:</td>
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<tr>
<td>Post Code:</td>
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<tr>
<td>Date of Birth:</td>
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<tr>
<td>NHS Number:</td>
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</tr>
<tr>
<td>Hospital Reference No. (if known)</td>
<td>………………………………………………………………………...</td>
</tr>
<tr>
<td>Record in respect of treatment for:</td>
<td>(State condition/illness) ……………………………………………</td>
</tr>
<tr>
<td>Dates from</td>
<td>……………… To: ………………</td>
</tr>
<tr>
<td>Please define the type of information you are requesting.</td>
<td>Paper records</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

You are not required to give the reasons for your request, but sometimes this may help us locate the information you are looking for. If you are dissatisfied with your treatment, it would be helpful to the Trust to know this, to help us raise the standard of our service to patients. Please include a brief note below:

### Details of applicant (if different from Page 1):
Name: 
Surname: ...........................................................

Forename(s): .........................................................

Address: .....................................................................
.....................................................................
.....................................................................

Post Code ..................................................................

Please state relationship: ............................................

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.

Please tick

I am the patient

I am the Patient’s representative and:

☐ I have been asked to act by the patient and attach the patient’s written authorisation

☐ The patient is under age 16

☐ I am acting in loco parentis and the patient is incapable of understanding the request

Signature of applicant: ............................................

Date: .................................................................
Proof of Identity:

We must see original documents and are unable to accept photocopies. Please note that we will return all documents sent to us via recorded delivery.

However, certified copies can be accepted, these can be obtained from the post office (fee is applicable) or a copy of the document which has been signed and certified by a professional, not related to you, must include the following declaration:

“I, ………………………, certify that these are true copies of the original document. Signed: ……………………… Date………………. Job Title……………….”

A list of documents is provided below. Please indicate which documents have been included as proof of data subject’s identity (please tick). If you do not have these documents please contact the Access Team on 01865 234853.

I am the Patient’s representative and:

❑ Driving License issued by a member state of the EC/EEA
❑ Full Valid Current Passport or ID Card issued by a member state of the EC/EEA or Travel Documents issued by the Home Office or Certificate of Naturalisation or Registration or Home Office Standard Acknowledgement Letter (SAL)

NB – if you do not have photo ID a birth/adoption certificate will be accepted.

❑ Birth Certificate or Certificate of Registry of Birth or Adoption certificate

If the Data Subject's name is now different from that shown on the document you submit, you must also supply original documentary evidence to confirm the Data Subject's change of name e.g. Marriage Certificate, Decree Absolute or Decree Nisi papers, Deed Poll or Statutory Declaration.

We also require proof of the data subjects address by sending one of the following documents:

❑ Gas, electricity, water or telephone bill in the Data Subject's name for the last quarter
❑ Council Tax demand in the Data Subject's name for the last quarter
❑ Bank, building society or credit card statement in the Data Subject's name for the last quarter
❑ Letter to Data Subject from solicitor/social worker/probation officer in the last quarter

If you choose to deliver your documents in person, we will do our best to process these on the day. If not we will return documents to you by recorded delivery.