

SUBJECT ACCESS REQUEST FOR ACCESS TO HEALTH RECORDS

Surname Date of Birth (DD/MM/YY)

Previous Surname (if applicable) Address

First Name (s)
.....

Is this your first application? Yes / No
.....

If you answered No - what date did you last apply?Post Code

..... Contact Tel. No

ACCESS REQUEST

Type of Request, please tick relevant box below:

View copy of electronic Health Record online at home via Patient Access

View copy of entire Health Record at Surgery with assistance of Surgery staff

Request encrypted disk of full copy of entire Health Record

Please note that our usual format for sending health records is via encrypted disk due to our paperless initiative, if this is not suitable for you please confirm that you would like a paper copy instead

Please provide as much information as possible and **specify in detail if you only require a particular part of your health record**. Please use another blank sheet if necessary.

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IDENTIFICATION

Please provide photocopies of two types of identification i.e. passport, driving licence, birth certificate and additional proof of address i.e. bank statement, utility bill. **(Please do not provide originals within your application).**

ID Verified by.....Position.....Date:.....

THIRD PARTY DISCLOSURE / PROXY ACCESS

I hereby give permission to provide a copy of my health records to a third party.

Name of Third Party:

Association / Relationship to Patient:.....

Reason for Access Request:.....

Please read notes below. I have read this form and authorise a subject access request to be carried out.

Patient Signature:

Patient Print Name:.....

Date:

APPLICATION FOR SUBJECT ACCESS REQUEST (ACCESS TO HEALTH RECORDS)

The current Data Protection Act will become the Data Protection Act 2018 and will be coupled with the new General Data Protection Regulations 2018. The regulations permit you to have access to your Medical Record. This is known as "right of subject access". As the 'holder' of your records the practice is known as the 'data controller', and the patient is known as the 'data subject' under the Regulations.

Terms & Conditions

You are entitled to receive the information you require without charge but should note that if your request be deemed unfounded, excessive or repetitive or if the information has not changed over a period of time since the last request then a fee may be charged based on the amount of work involved. This will be assessed on a case by case basis. You should also be aware that in certain circumstances your right to see some details in your health records may be limited if it is deemed by the GP that the sensitive information could cause physical or mental harm.

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out the search for your information. This practice is only responsible for providing information which is held by us. Please note any missing secondary care information from your record will need to be obtained directly from the provider by you.

Third Party/Proxy access

If your request indicates the release of information to a Third Party/Proxy (e.g. a solicitor, insurance company or relative) please complete the relevant consent section. ***Please think carefully before consenting to sharing data with a Third Party, your medical records may include extremely sensitive personal information which you do not expect to be shared or may not need to be shared as part of your application / case. For example, information could be used to your detriment by Third Parties in a Court Case or by an Insurance company.***

Should you deem the sharing of your medical record in its entirety inappropriate you may ask the third party to request a "GP Report" from the practice which will only cover information within your record that is relevant to the application or case.

'Coercion' is the act of governing the actions of another by force or by threat, in order to overwhelm and compel that individual to act against their will. Please note if coercion is identified as a risk by the named GP the access may not be granted.

If you are applying for access to your own records, you will need to:

- Complete this form
- Provide two types of identification as well as provide proof of current address (please include photocopies within your form not originals).
- You do not need to give a reason to access your health records.
- Please provide as much information as possible.
- Please ensure that all information provided is accurate and up to date.
- The practice has one month in which to respond to your request. Should for any reason we not be able to respond within the one month timeframe then we will issue you with a letter stating when we will be able to respond (no later than 2 months after the date of the application).
- If access has recently been given, access may not be given until a reasonable time interval has elapsed. What is reasonable depends on the nature of the information, the purposes for which is processed and when it was altered or added to.
- Children can apply for their own records from Age 13 onwards provided they are capable of understanding the nature of the request.

A parent or guardian can only apply on the child's behalf if (a) the child has given consent (b) the child is too young to have the understanding to make the request. Please note that a parent does not have a legal right of access to their child's health records.

If you feel you would like to discuss your information request further please telephone the Practice.

Once you have completed all sections of this form, please either post or hand deliver to:

Wadhurst Medical Group
Belmont Surgery
St James Square
Wadhurst
TN5 6BJ

Marked for the attention of: Senior Medical Secretary

or e-mail a scanned copy of the completed form and supporting documents to:

hwlhccg.belmont@nhs.net

PLEASE NOTE THIS E-MAIL ADDRESS IS ONLY TO BE USED FOR THIS PURPOSE