



ACCESS TO MEDICAL RECORDS AND DATA PROTECTION

Making an Access Request

- Read this leaflet carefully.
- Ask at Reception for an access form entitled Application to Access Medical Records.
- Ensure that the form is fully completed, using a separate sheet of paper if necessary, and return it to reception with photographic ID and proof of address.
- Your request will be considered and you will be advised of the decision within 30 days. There is no facility for immediate access.

Send the application to:

Tudor Practice, Ashfurlong Medical Centre, 233 Tamworth Road, Sutton Coldfield,
West Midlands. B75 6DX

Access – Data Subject

The Data Protection Act 1998 (Section 7) specifies the rights of access of the Data Subject.

- All requests for access must be in writing on a Data Access form which will be provided on request.
- The form must be fully completed along with photographic ID and proof of address.
- A response will be provided as soon as possible, and in any event, within 30 days. Where an application is declined, a reason will be given. In some circumstances, some parts of your record may be withheld.

Provision of Information to Third Parties

- The practice may share your personal information with other NHS organisations where this is appropriate for your healthcare.
- In other circumstances we may approach you for specific consent to release personal information to third parties.
- Information will not normally be released to other family members without written patient consent.
- In some circumstances there are statutory or ethical obligations to disclose information to others (such as public health issues) which may not require your consent; however you may be consulted about these in advance.
- All staff have access to your medical and personal details which is required in relation to their roles, and have completed confidentiality agreements.

Complaints

- These must be in writing and addressed to the Practice Manager.
- Where the complaint is by a third party, and the complaint or enquiry related to someone else, the written consent of the Data Subject is required. Where this is not possible, full justification must be given.
- All complaints will be acknowledged within 14 days, and a response provided within 21 days.



**APPLICATION FOR ACCESS TO MEDICAL RECORDS
Data Protection Act 1998 Subject Access Request**

Details of the Record to be Accessed:

Patient Surname	NHS Number
Forename(s)	Address
Date of Birth	

Details of the Person who wishes to access the records, if different to above:

Surname	
Forename(s)	
Address	
Telephone Number	
Relationship to Patient	

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.

Tick which ever of the following statements apply.

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request.



(*delete as appropriate).

- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that (please supply your reasons below).

Applicant signature.....**Date**.....

Details of Application

(please tick as appropriate)

Patient to complete

I am applying for access to view my records only	
I am applying for copies of my medical record	
I have instructed someone else to apply on my behalf	
I have attached the appropriate fee	

Notes:

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records.

You may be asked to provide photographic identification.

Optional - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in lower fee charges and a quicker response.



I would like a copy of all records	
I would like a copy of records between specific dates only (please give date range) below	
I would like copy records relating to a specific condition / specific incident only (please detail below)	

NOTE: 21 days prior notice is usually required.