Access to Health Records under the Data Protection Act 1998
(As set out by the Department of Health)

Below is background information regarding your rights under the Data Protection Act 1998 in relation to requesting access to your health records, along with a form to assist you to make your request.

The Data Protection Act 1998 gives every living person, or an authorised representative, the right to apply for access to health records. A request should be made in writing (this includes email) to the subject access co-ordinator for the service area where your records are held. Please contact your local CNWL site for alternative methods of obtaining access if you are unable to make a request in writing.

Under the Data Protection Act 1998 (Fees and Miscellaneous Provisions) Regulations 2000, you may be charged a fee to view your health records or to be provided with a copy of them. The maximum permitted charges are set out in the tables below.

**To provide you with a copy of your health record the costs are:**

- Health records held totally on computer: up to a maximum of £10.
- Health records held in part on computer and in part manually: up to a maximum of £50
- Health records held totally manually: up to a maximum of £50

**To allow you to view your health record (where no copy is required) the costs are:**

- Health records held totally on computer: up to a maximum of £10.
- Health records held in part on computer and in part manually: a maximum of £10.
- Health records held manually: up to a maximum of £10 unless the records have been added to in the last 40 days in which case viewing should be free.

All these maximum charges include postage and packaging costs.

The data controller (CNWL) is not obliged to comply with your access request unless they have sufficient information to identify you and to locate the information held about you. You may also be required to pay a fee as described above.

Once CNWL has all the required information, and fee, where relevant, your request should be complied within 21 days, in exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met.

In some circumstances, the Act permits the data controller to withhold information held in your health record. These rare cases are:
• where it has been judged that supplying you with the information is likely to cause serious harm to the physical or mental health or condition of you, or any other person, or;

• where providing you with access would disclose information relating to or provided by a third person who had not consented to the disclosure, this exemption does not apply where that third person is a health professional involved in your care.

When making your request for access, it would be helpful if you could provide details of the periods and parts of your health record you require. Although this is optional, it will help save NHS time and resources, and may reduce the costs of your access request.

If you are using an authorised representative, you need to be aware that in doing so they may gain access to all health records concerning you, which may not be relevant. If this is a concern, you should inform your representative of what information you wish them to specifically request when they are applying for access.

If you have any complaints about any aspect of your application to obtain access to your health records, you should first discuss this with the health professional concerned. If this proves unsuccessful, you can make a complaint through the NHS Complaints Procedure by contacting the Trust complaints department formally. Further information about the NHS Complaints Procedure is available on the NHS Choices website at: www.nhs.uk/aboutNHSChoices/pages/Howtocomplaincompliment.aspx

Alternatively you can contact the Information Commissioners Office (responsible for governing Data Protection compliance), Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Tel 0303 123 1113 or www.ico.gov.uk/
Application for Access to Health Records

Please complete this form in BLOCK CAPITALS and in black ink, and either hand it to the clinician / care worker you are seeing or return it to the Subject Access Co-ordinator at the following address along with a copy of one of the following Acceptable proof of identity:

i) Passport (copy of photo page)
ii) Driving licence (inc. photo-card)
iii) Work pass with photograph
iv) Freedom Pass

Address:

Patient Details

Surname……………………………………. Forenames: …………………………………………..

Any former names ………………………………………………………………………………………

Date of Birth: ……………………………… NHS Number: ………………………

Current Address: ………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………

Telephone Number: …………………………………………………………………

Previous Address (if changed recently )$:…………………………………………
…………………………………………………………………………………………………………

Please tick the box below which applies:-

I am applying for a copy of my health records
I am applying for access to view my health records
(If you wish to view your records an appointment will be arranged for you to attend the hospital/site premises to do this.)
**Details of the information required**

Please provide us with dates, hospitals / clinics / wards and health professionals involved in your care (if known) which are of interest to you. Please provide as much information as possible to assist us in locating the information from your health records that you would like to access.

Health records covering the period:

Date from: ........................................ Date to: ......................................................

Hospital / Clinics / Wards of interest: ...............................................................

Health professionals’ records of interest: ..........................................................

Additional areas of interest: .................................................................

A photocopy of information held on health records will be sent to your current address, unless you specify otherwise.

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**A. Patient Declaration and Authorisation:**

I am applying to access my health records under the Data Protection Act 1998. I understand that under the Data Protection Act 1998 (Fees and Miscellaneous Provisions) Regulations 2001, there may be a charge for me to view or to be provided with a copy of my health records.

I declare that the information I have completed on this form is correct to the best of my knowledge and that I am the person named overleaf.

Your name in BLOCK CAPITALS.................................................................

Signed............................................................................. Date.........................

If you are an authorised representative of the patient, please complete Box B and obtain the patient’s signed authorisation or supply copies of documents giving you right of access under the Mental Capacity Act.

If you are a relative or other person applying for access to information in relation to a deceased patient’s records please complete Box C.
B. Representative of Patient – Declaration and Authorisation:

I am applying on behalf of the patient to access their health records under the Data Protection Act 1998. I understand that under the Data Protection Act 1998 (Fees and Miscellaneous Provisions) Regulations 2001, there may be a charge to view or be provided with a copy of the patient’s health records.

Your name in BLOCK CAPITALS……………………………………………………………………

Signed……………………………………………  Date……………………………………

Your relationship to the patient……………………………………………………………………

I, the patient, agree to the above named being supplied with a copy of my health records:

Patient’s signature…………………………………………………………………………………

C. Disclosure of records of a deceased patient

I am applying for access to the deceased patient’s health records.

Your name in CAPITAL LETTERS: …………………………………………………………….

Your address……………………………………………………………………………………..

Signed……………………………………

Date……………………………………

Your relationship to the deceased patient: ………………………………………………….

I am the executor / personal representative of the deceased patient’s estate - Yes / No

If yes, please provide copy of evidence

I have a claim arising out of the death of the deceased person - Yes / No

If yes, provide details of the claim which may arise