**Much Wenlock & Cressage Medical Practice**

**Patient Access to Medical Records - Information Leaflet**

**Access to Health Records under the Data Protection Act 1998**

The Data Protection Act 1998 gives every living person, or an authorised representative, the right to apply for access to their health records.

A request for your medical health records held at Much Wenlock & Cressage Medical Practice should be made in writing (e-mails also accepted) to the Practice Manager. (*please contact the Practice 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 £50Health 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 the above maximum charges include postage and packaging costs.

The Practice Manager 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.

Once the Practice Manager has all the required information, and fee where relevant, your request should be fulfilled 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 Organisation 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 clinician involved in your care.

When making your request for access, it would be helpful if you could provide details of the time-periods and aspects of your health record you require (*this is optional, but it may help save Practice time and resources and reduce the cost 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 all 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 clinician concerned. If this proves unsuccessful, you can make a complaint through the NHS Complaints Procedure by contacting the Practice formally.

Further information about the NHS Complaints Procedure is available on the NHS Choices website.

Alternatively you can contact the Information Commissioners Office (responsible for governing Data Protection compliance). Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Tel 01625 545745 or [www.ico.gov.uk/](http://www.ico.gov.uk/)

**Much Wenlock & Cressage Medical Practice**

**Patient Access to Medical Records - Request Form**

**Access to Health Records under the Data Protection Act 1998 (Subject Access Request)**

Patient’s authority consent form for release of health records (Manual or Computerised Health Records)

(**please print all details and use dark ink**)

|  |
| --- |
| To: (Please provide GP name, Practice address and contact details here) |

**Identity of individual about whom information is requested**

|  |  |
| --- | --- |
| Full Name | Former name(s) |
| Current address | Former address (with dates of change) |
| Date of birth | NHS number (if known) |
| Contact phone number (including area code) | E-mail address: (optional) |

**What is being applied for (tick as applicable). In doing so you understand you may have to pay a fee for access or copies of your records.**

|  |  |
| --- | --- |
| I am applying for access to view my health records |  |
| I am applying for copies of my health record |  |

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc. Please use the space on the following page to document this information:

**Dates and types of records:**

|  |
| --- |
|  |

**Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.**

|  |  |
| --- | --- |
| I am applying to access my health records |  |
| I have instructed my authorised representative to apply on my behalf |  |

**If you are the patient’s representative please give details here:**

|  |
| --- |
| Name and address of representative |
| Contact number and E-mail |
| Signature |

**Signature of applicant ……………………………**

**Print name……………………………………**

**Date…………………………………………...**

**(Office use only) Date of application received ……………………….**

**Received by ………………………………….**

**Signed: ………………………. Date: ………………**

**Much Wenlock & Cressage Medical Practice**

**Patient Consent Form**

**for another person to access their medical records**

|  |
| --- |
| **Patient’s Details** **(The person whose records another individual(s) is to be given access to)** |
| **Surname** |  |
| **First Names** |  |
| **Date of Birth** |  |
| **Male / Female** |  |
| **Address** |  |
| **Tel No.** |  |

|  |
| --- |
| **Details of person to be given access to this Patient’s information** |
| **Full Name**  |  |
| **Address** |  |

(if more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

|  |
| --- |
| **Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)**  |
|  |

|  |
| --- |
| **I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.**  |
| Signature |  |
| Date |  |

**Consent for children under 16 (Gillick Competence)**

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

**I am the Patient / Parent / Guardian (delete as necessary).**

**Signature**: ……………………………………………………………………………………………………………………………..…..

**Full Name**: …………………………………………………………………………………………………….……..………….……....

**Address (if not the same as patient):**

………………………………..……………………………………………………………………………..…….………………………....

……………………………………………………………………………………………………………………………….…..……………