

Access to Health Records / Subject Access Request

Below is background information regarding your rights under the Data Protection Act 2018 in relation to requesting access to your health records, along with a form to assist you to make your request.

The UK General Data Protection Regulation 2016 (UK GDPR) and Data Protection Act 2018 gives every living person, or an authorised representative, the right to apply for access to health records. A request should be made (this includes e-mail) to the data controller at the NHS organisation where your records are held. Please contact us for alternative methods of obtaining access if you are unable to make a request in writing.

Under the UK GDPR, there is NO fee to view your health records or to be provided with a copy of them. However, there may be a fee for repeat or excessive requests.

Once we have all the required information, your request will be dealt with within one month. In exceptional circumstances, where it is not possible to comply with this timeframe, you will be informed of the delay and given a timescale of no longer than a further two months from the date of request for when your request is likely to be met. If you choose to share your information with anyone else, this will be at your own risk

In some circumstances, the legislation permits us to withhold information held in your health records. 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 you, or any other person
- 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 dates and parts of your health record you require. Although this is optional, it will help save NHS time and resources, and may avoid the issue of excessive requests and associated costs.

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.

Hereford Medical Group

**ACCESS TO HEALTH RECORDS /
SUBJECT ACCESS REQUEST (SAR)**

REQUEST FORM



Hereford Medical Group respects the rights of individuals to have copies of their information wherever possible.

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.



Charges Payable: In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” in order to comply with your request.

If you are already signed up for the NHS app or patient access, we can amend your access to include medication, immunisation history and laboratory results (eg blood tests). Please contact the surgery to request these changes.

PLEASE COMPLETE IN BLOCK CAPITALS

Patient Details

Surname:

Forename(s):

Date of birth:

Any former names (If Applicable):

Address:

Full Postcode:

Contact number(s):

Email Address:

NHS number if known:

Details of Medical Record required
<p>Please could you provide details of the dates and /or parts of your health record you require. For example information regarding a specific health condition. Although this is optional, it will help save NHS time and resources, and may avoid the issue of excessive requests and associated costs.</p> <p>If you are using an authorised representative (third party), you need to be aware that in doing so they may gain access to all health records concerning you, which may not be relevant.</p>
PLEASE GIVE DETAILS BELOW
<p>Details of medical records requested:</p> <p>Date from:</p> <p>Date to:</p>
<p>Specific illnesses or problem (e.g. radiology results, information relating to a specific accident)</p> <p>Please state</p>
Consent for a Third Party (authorised representative) to have access to my medical records (if applicable)
Name of Third Party:
Relationship to you (eg, solicitor, insurance company, relative):
Contact details for Third Party:
Details of where medical records are to be sent (our preferred option is via secure email)
Please complete all details, records will be sent via secure email to the patient unless otherwise stated.
<p>Email address of recipient:</p> <p>Address:</p> <p>Tel:</p>

Declaration

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act.

Please tick one box below:

	I am the patient (data subject).
	I am acting on behalf of the data subject who is unable to complete the authorisation section above
	I am the parent/guardian of a data subject under 13 years old
	I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (you will be asked to provide evidence of this)
	I am the deceased patient/client's personal representative (you may be asked for more information)
	I have a claim arising from the patient/client's death and wish to access information relevant to my claim (you may be asked for more information)

Please Note:

- If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.
- It may be necessary to provide evidence of identity (i.e. Driving Licence).
- If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.
- Under the terms of the Data Protection Act, Subject Access Requests will be responded to within one calendar month after receiving all necessary information and/or fee required to process the request.
- Under the terms of Section 7 of the Data Protection Act, Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.
- Please note that we will contact the patient by telephone (using the information on their records) to verify the patients request and identity. We will aim to contact the patient within 5 working days, between the hours of 8.00am to 6.00pm please note our telephone number will show as unknown.

Authorisation to release medical records (to be completed by the patient)	
I (Print name): hereby confirm that I have read and understood the information above and authorise Hereford Medical Group to release any personal data they may hold relating to me as detailed above to (please select only one option)	
Myself, the patient	
The Third Party as detailed above whom I authorise to act on my behalf	
Signature of patient: Date:	

Please complete and send this document fully completed via email or post:

Via Post: HMG Admin Department, Station Medical Centre, Station Approach, Hereford
HR1 1BB

Via E-mail: hmg.admin@nhs.net