

Medico-Legal Department
Medical Records
ICT Directorate
UCLH NHS Foundation Trust
c/o University College Hospital
235 Euston Road
London
NW1 2BU
Telephone: 020 3447 7964
Fax: 020 3447 9948

Dear ,

Data Protection Act 1998

Thank you for your enquiry regarding the disclosure of your medical records under the Data Protection Act 1998.

This Act supersedes the Data Protection Act 1984 and the Access to Health Records Act 1990. The exception to this is the records of deceased persons, which are still governed by the Access to Health Records Act 1990. The Act gives you the right of access but the holder (The Trust) may withhold any information which might cause serious harm to the physical or mental health of the patient or identify a third party. The record holder does not have to disclose the fact that information has been withheld. Having had access to the medical records you can ask for corrections to be made to your records and are entitled to a copy of those records. If the records are not corrected then an entry should be inserted in the medical records detailing the request and any relevant discussions that have taken place.

I am enclosing an application form (Appendix 1) for your completion should you wish to apply for access to the medical records that relate to your treatment in this Trust. All patients have a right to have their personal information kept confidential and it is therefore necessary for you to provide proof of satisfactory identity prior to disclosure of information. We are entitled to make these checks under Section 7 (3) of the Data Protection Act 1998.

Please see the attached list of supporting documents needed for proof of identity (Appendix 2). The Data Protection Act 1998 requires subject access requests to be processed within forty days; we will only release information upon satisfactory proof of identity. We may notify the police in the event of a fraudulent application.

If you have not been seen by a health professional at UCL hospital within the last 40 days then an administrative charge of £10.00 is payable and this should be enclosed with your application. When copies are sent to you, a further charge will be made for photocopying at 25 pence per copy; an invoice for outstanding costs will be sent to you subject to a maximum of £50.00

Yours sincerely,

Medico Legal Team

Appendix 1

REQUEST FOR ACCESS TO HEALTH RECORDS Under the Data Protection Act 1998

- Please complete the following form using capital letters and **black ink**.
- Upon completion please return the form to the address above.
- Please refer to **APPENDIX 2** for guidance on proof of identity.

Proof of identity	Enclosed	Authenticated copy	Proof of address	Enclosed	Authenticated copy
Current passport	<input type="checkbox"/>	<input type="checkbox"/>	Recent utility bill (no more than 3 months old)	<input type="checkbox"/>	<input type="checkbox"/>
Current photocard driving licence	<input type="checkbox"/>	<input type="checkbox"/>	Council Tax bill valid for current year	<input type="checkbox"/>	<input type="checkbox"/>
Current EU driving licence	<input type="checkbox"/>	<input type="checkbox"/>	Current benefit book or card or original notification letter from Department of work and pensions confirming right to benefits	<input type="checkbox"/>	<input type="checkbox"/>
UK firearms licence	<input type="checkbox"/>	<input type="checkbox"/>			
HM Forces ID card	<input type="checkbox"/>	<input type="checkbox"/>			
Certified photograph	<input type="checkbox"/>	<input type="checkbox"/>			

PART 1

Surname _____ Male Female

(Formerly) _____

Forename/s _____

Address (Current) _____
 _____ Postcode _____

(Previous) _____
 _____ Postcode _____

Tel no _____ Date of birth ____ / ____ / ____

FOR OFFICIAL USE ONLY

Proof of identity _____

Proof of address checked

Signed _____

Date ____ / ____ / ____

PLEASE TELL US WHAT YOU REQUIRE

	All	Part	(Please tick)	
1	X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Record	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Other			_____

DECLARATION

I declare that the information given in this form is correct to the best of my knowledge and that (please tick):

I am the person named above

I am acting on behalf of the person named above

I have read and understood the enclosed instructions and have provided (i) documentary proof of identity and (ii) a pre-paid special delivery envelope for return of original documents.

Applicant's name _____

Signature of applicant _____ Date ____ / ____ / ____

Address (to which a reply should be sent if different from above) _____

_____ Post code _____

- If you providing a photograph as proof of identity, the person countersigning must complete **PART 2**.
- If a third party is applying for your medical records, please sign **PART 3** (authority to release your medical records to a third party).
- If you are applying for a deceased relative's medical records, please sign **PART 4** and provide evidence of legal entitlement.
- If the application is being made by a person under the age of 16, please complete **PART 5**.

PART 2 - TO BE COMPLETED ONLY WHEN YOU CANNOT PROVIDE PROOF OF IDENTITY

I certify that I, (name and surname) _____ of
(address) _____ have known the applicant for _____ years in the
capacity of (e.g. client, patient, employee etc) _____ and that I have witnessed
the signing of the above declaration.

Signed _____ Date ____ / ____ / ____

Profession _____

Address _____

Postcode _____

Daytime tel no _____

PART 3 - AUTHORITY TO RELEASE YOUR HEALTH RECORDS TO A THIRD PARTY

I hereby authorize University College London Hospitals NHS Foundation Trust to release the medical records they hold
relating to me to _____ (enter name of the person acting on your
behalf) to whom I have given my consent to act on my behalf.

Signature _____ Date ____ / ____ / ____

PART 4 - PLEASE COMPLETE AND SIGN IF YOU ARE APPLYING FOR A DECEASED RELATIVE'S HEALTH RECORDS

Please provide evidence of legal entitlement _____

Signature _____ Date ____ / ____ / ____

PART 5 - APPLICATION MADE BY A PERSON UNDER THE AGE OF 16 YEARS. A RESPONSIBLE ADULT SHOULD CERTIFY THAT THE CHILD UNDERSTANDS THE NATURE OF THE APPLICATION.

I _____ of _____
certify that the applicant understands the nature of this application.

Signed _____ Date ____ / ____ / ____

Relationship to the person under the age of 16 _____

Appendix 2

Documents acceptable as proof of identity

In order to establish proof of identity you must provide one item from the proof of identity list and one item from the proof of address list.

Proof of identity	Proof of address
Current passport	Recent utility bill (no more than 3 months old)
Current photocard driving licence	Council Tax bill valid for current year
Current EU driving licence	Current benefit book or card or original notification letter from Department of work and pensions confirming right to benefits
UK firearms licence	
HM Forces ID card	
* Certified photograph (see below)	

We can receive documents in three different ways:

1. Copies of originals that have been certified by a Notary Public can be sent by post.
2. Original documents can be sent by secure mail service. N.B. if you want the documents returned in this way you must include a prepaid self-addressed special delivery envelope. Otherwise your documents will be returned via normal post.
3. You can bring in your documents in person. You must make an appointment to do this by calling 020 3447 9849 between Monday – Friday, 10:00 to 16:00 to pre-arrange an appointment to produce proof of identity. **If you arrive without a prior appointment there may not be a member of staff available to speak to you.**

***If you do not have a document from the above list containing your photo** you must supply a photo of yourself and get someone reliable to sign the back. On the back of the photo the countersignatory must write 'I certify that this is a true likeness of' giving the full name and title of the person named. The countersignatory must sign and date this endorsement. Suitable people include:

- A professionally qualified person, e.g. teacher, lawyer, engineer, doctor etc.
- A police officer.
- A bank or building society officer.
- A civil servant.
- A minister of religion.
- A magistrate or local councillor etc.

Frequently asked questions

General information

Q. What are my rights concerning medical information held by this Trust about me?

A. Under the Data Protection Act 1998 you have the right of access to your health records; however the Trust may withhold some or all of the information contained within your health record if it is deemed by a clinician to be detrimental to your health.

Q. If the information contained within my record is incorrect can it be altered or deleted?

A. If the information about you is factually incorrect you are entitled have it amended or completely removed; if necessary this can be ordered by a judge.

Q. How long does it take for The Trust to process my application?

A. On submission of the correct documents the Trust must process your application within a statutory 40 days.

Q. Who can I turn to if I am having problems concerning the release of my health records that are held by UCLH?

A. Under the NHS complaints procedure you have the right make a formal complaint; this should made in writing and addressed for the attention of:

The Complaints Manager
University College London Hospitals NHS Foundation Trust
2nd Floor, 250 Euston Road
London NW1 2PG

Making an application

Q. Why is the Trust asking me to prove my identity and my address?

A. The Trust takes the protection of the information it holds about you very seriously and it is reasonable for the Trust to takes to ensure that information is only released to those legally entitled.

Q. What documents do I need to submit in support of my application for release of my health records?

A. We require two different documents that will confirm (a) identity and (b) your current address; please follow the guidance in Appendix 2.

Q. What if I cannot provide documentation to prove my identity?

A. We will accept a photograph of you that has been authenticated on the reverse; please follow the guidance in Appendix 2.

Q. What if an application for my health records is being made by a third party e.g. a solicitor or an insurance company?

A. Generally, We still require documentary proof of your identity together with your signed consent (Part 3) giving us permission to release your records to a third party. If a solicitor is applying we require that you sign the form authorising this and that the solicitor confirms that he or she has checked your identity, which should have been done when your instruction was accepted.

Q. How can I apply for the health records of a deceased relative?

A. Access to the medical records of a deceased person is governed by the Access to Health Records Act 1990. Under this legislation, when a patient has died, their personal representative or executor or administrator or anyone having a claim resulting from the death (this could be a relative or another person), has the right apply for access to the deceased's medical records. A request for access should be made in writing to the record holder, ensuring that it contains sufficient information to enable the correct records to be identified. The request should also give details of the applicant's right to access the records.