

## Application for access to your personal data held by Barking, Havering and Redbridge University Hospitals NHS Trust

### Form Guidance

#### *How do I access my medical records (health records)?*

Subject to certain exemptions, you have a right to be told whether the Barking, Havering and Redbridge University Hospitals NHS Trust holds any information about you (your 'personal data') and a right to be provided with a copy of that personal data within a 40 day period. This is known as a Subject Access Request (SAR). Please allow an additional week for postage.

If you wish to exercise those rights, please complete this form carefully and follow the instructions regarding the fee, proof of identity, and ways to return the form to the Trust.

#### *Returning this form*

Individuals who wish to access their personal information should either make a request in writing or complete the Subject Access Request Form attached.

By Email:	By Post:
<a href="mailto:AccessToHealthRecords@bhrhospitals.nhs.uk">AccessToHealthRecords@bhrhospitals.nhs.uk</a>	Access to Health Records Team Health Records Department Ground Floor Pink Zone Queen's Hospital Rom Valley Way Romford Essex RM7 0AG

**Please note that unless otherwise stated, by default 2 years of information from the last date of entry in your record will be supplied. Should you require information from another period then please specify the dates in the section below.**

#### *How long will it take?*

Under the Data Protection Act, requests for access to records should be met within 40 days. However, in line with government guidance for healthcare organisations we aim to respond within 21 days.

## Exemptions

The Access to Health Records Team will decide whether your request can be approved. Access may not be permitted if the following circumstances apply:

1. If the patient specifically objected to disclosure of their medical notes.
2. If access would lead to the identification of someone else not involved in the patient's care.
3. If access would cause serious mental or physical harm to someone else not involved in the patient's care.
4. Personal information that is subject to legal professional privilege.
5. Personal information where disclosure would be likely to prejudice the prevention or detection of crime.

## Fees

All requests are subject to a deposit of £10 on receipt of all application forms. This deposit will then be subtracted from your final fee (subject to a minimum of £10 fee).

Charges for copies of health records are:

Application	Fee
Health records held totally in electronic format (e.g. x-rays/Scans)	<b>£10</b>
Health records held in paper format	<b>£0.30 per page (minimum £10 fee)</b>
Health records held partially in electronic format and partially manually	<b>£10 + £0.30 per page</b>
To view records only (by appointment only)	<b>£10</b>
If the patient attended the hospital within the last 40 days	<b>Viewing is Free</b>

If copies of health records are required, subsequent to viewing, the above photocopying charges of 30p per page will also apply.

**Please note:** under the Data Protection Act 1998 all charges are capped at a maximum charge of £50. For records relating to deceased patients, charges are not capped and the final cost will be dependent on the number of pages requested.

**It is advisable to be as specific as possible in terms of the information you require in order to keep the cost of your request as low as possible.**

At present we are only able to process cheques and postal orders. Please ensure these are made payable to:

**Barking, Havering & Redbridge University Hospitals NHS Trust or BHRUT**

## Proof of identity and address

You should also provide the following identity documentation:

- A copy of either your passport or driving licence (photo ID)
- A copy of one utility bill or bank statement (*dated within the last 6 months*) showing your current residential address.

If the contact you have had with the Trust is in your maiden/other name, please provide additional documents in that name, i.e. marriage certificate, deed poll, etc.

**Note: Please send any confidential documents by recorded/special/registered delivery as the Trust cannot be held liable for any items lost in the post.**

### ***Third Party Applications***

We can only supply your personal data to you. Should you be making an application on behalf of any other person (third party), please ensure you enclose an original letter of authorisation from that individual (the person who the information is about). Please also ensure that this individual has signed the application form and provided their identification documents. If the subject is unable to provide written authorisation, please enclose a **photocopy** of proof of power of attorney/ court order.

### ***Can I access the medical records (health records) of someone who has died?***

If you want to view the health records of a deceased person, under the Access to Health Records Act (1990) you can apply in writing to the record holder.

Under the terms of the Access to Health Records Act (1990), you will only be able to access the deceased's health records if you are either:

- a personal representative
- or someone who has a claim resulting from the death (this could be a relative or another person)

A patient's personal representative is either the administrator or executor of the deceased person's estate.

In the case of a claim arising from the patient's death and in accordance with the act we will only supply copies of records in relation to that claim. If the request is from the patient's personal representative we will normally supply copies of medical records which relate to recent treatment. However a full set of notes will be released on request, but we cannot release information prior to 1991.

**Please note that being next of kin does not provide a right to copies of records. You must be the patient's representative or have a claim arising out of the patient's death.**

This information is available in alternative formats. For more information please speak to the PALS office on 01708 435 454.

# Subject Access Request Application Form - Data Protection Act 1998

This form is used to confirm the identity of the patient, the identity and authority of the applicant (where applicable) and to assist in locating information relating to the patient requested by the applicant. Please complete it and send it to the address at the end of the form.

**PLEASE READ THE GUIDANCE BEFORE COMPLETING THIS FORM**

Section A		Details of the Patient record to be accessed	
<b>Request</b>	<input type="checkbox"/> I wish to make an appointment to <b>view</b> the records (£10.00 access fee only) <input type="checkbox"/> I wish to receive <b>copies</b> and agree to your charges (£10.00 + £0.30 Photocopying charges (per sheet)) <input type="checkbox"/> I wish to receive copies and wish to receive notification of your charges in advance		
<b>Surname / Family Name:</b>			
<b>First Name(s):</b>			
<b>Title</b> (Mr, Mrs, Miss, Dr, Rev etc...)	Please Select	<b>Date of Birth:</b> (dd.mm.yyyy)	
<b>NHS Number (if known)</b>			
<b>Residential Address</b>			
<b>Telephone Number*</b>	<b>1:</b>	<b>2:</b>	
<b>Email Address*</b>	<b>1:</b>	<b>2:</b>	

\* Not mandatory, but these will assist us if we need to get back in touch with you to discuss your application.

Section B		Applicant Details (If different from above)	
		(To be completed where an application has been made on behalf of a patient)	
<b>Surname / Family Name:</b>			
<b>First Name(s):</b>			
<b>Title</b> (Mr, Mrs, Miss, Dr, Rev etc...)		<b>Date of Birth:</b> (dd.mm.yyyy)	
<b>Residential Address</b>			
<b>Telephone Number*</b>	<b>1:</b>	<b>2:</b>	

<b>Email Address</b>	<b>1:</b>	<b>2:</b>
* Not mandatory, but these will assist us if we need to get back in touch with you to discuss your application.		
<b>Relationship to Patient</b>	<p><b>Please tick to confirm status of relationship to Patient</b></p> <p><input type="checkbox"/> Representative</p> <p>I attach the patient / client's written authorisation</p> <p>(If the subject is unable to provide written authorisation, please enclose a <b>photocopy</b> of proof of power of attorney/ court order)</p> <p><input type="checkbox"/> Guardian/Parent</p> <p>Please enclose a <b>photocopy</b> of proof of parental responsibility i.e. parental responsibility order issued by the court or a <b>photocopy</b> of Childs full birth certificate)</p> <p><input type="checkbox"/> Personal Representative (Where an application is for access to health records for a deceased patient)</p> <p>Please enclose a <b>photocopy</b> of either of the following documents:</p> <ol style="list-style-type: none"> <li>1. A copy of admin or court confirmation of administrator of estate or</li> <li>2. A copy of the relevant section of the will confirming executor of the estate or</li> <li>3. A copy letter from approved solicitor confirming a financial claim from the estate.</li> </ol> <p><input type="checkbox"/> Other</p> <p>Please Specify:</p>	
<b>Section C</b>	<b>Specific Information Request</b>	
<p><b>Please note that unless otherwise stated, by default 2 years worth of data from the last date of entry in your record will be supplied. Should you require data from another period then please specify the dates in the section below.</b></p>		
<p><b>Please specify exactly what information you require (e.g. Health record, X-Ray, A&amp;E Records, Maternity)</b></p>		
<p><b>Please confirm dates of treatment/section of record to be accessed?</b></p>		
<b>From</b>		<b>To</b>
<b>Section D</b>	<b>Proof of Identity Documents</b>	
<p>To help establish your identity your application must be accompanied by copies of two different documents which between them provide sufficient information to prove your name, date of birth, current address and signature</p>		

Section E		Declaration (to be signed by the applicant)	
<ul style="list-style-type: none"> <li>◆ I have read and understood the Guidance Notes</li> <li>◆ The information, which I have supplied in this application, is correct</li> <li>◆ Enclosed are proof of identity and proof of address documents</li> <li>◆ Enclosed is an original signed letter of authority or Power of Attorney if applicable</li> <li>◆ Enclosed original signed letter of authority if you require us to speak to another person on your behalf</li> <li>◆ Enclosed £10 deposit made payable to Barking Havering and Redbridge University NHS Trust or BHRUT</li> <li>◆ Scanned documents will be accepted if emailing the form.</li> </ul>			
<b>Signature</b>	.....	<b>Date</b>	.....

The completed application form and supporting proof of identity should be sent to:

**Access to Health Records Team, Health Records Department, Ground Floor Pink, Zone, Queen's Hospital, Rom Valley Way, Romford, Essex RM7 0AG**

Alternatively you can send the form and supporting documents electronically by email to:

[AccessToHealthRecords@bhrhospitals.nhs.uk](mailto:AccessToHealthRecords@bhrhospitals.nhs.uk)