
# **Data Protection Act 1998**

**&**

**Access To Health Records Act 1990**

## **Information For Applicants[including relevant formsrequired for application]**

For full details see:

Data Protection Act 1998 & Access to Health Records Act 1990

*available from HMSO bookshops*

### Background

The Data Protection Act 1998 came into full force on 1 March 2000, replacing the Data Protection Act 1984 and included elements of the Access to Health Records Act 1990. The Access to Health Records Act 1990 now only applies to the health records of deceased.

People who can apply include the patient/client about whom the record has been compiled, or someone acting on behalf of the patient/client (for example, by written authorisation, exercising parental rights, court appointment, personal representative, someone with a claim arising from the death of the patient/client).

Applications for access should be made to Bromley Healthcare’s Health Records Access Co-ordinator who will liaise with all the relevant health professionals for authority to disclose health information. Contact details are:

Sue Verran

Health Records Access Co-ordinator

Bromley Healthcare Community Interest Company

1st Floor

Global House

Station Approach

Hayes

Kent

BR2 7EH

Tel: 0208 315 8945

Internal dial 8945

### Rights

The Acts give rights of access, but the record holder may withhold any information which might cause serious harm to physical or mental health, or identify a third party.

Corrections to the record can be requested. A copy of the correction should be given, or, if the record is not corrected, a copy of the record holder's note of the request and any discussion and the reason why the alteration was refused should be made available.

People applying for access to health records will be charged a fee of **£10.00** to cover administration and photocopying costs. Please make cheques payable to “**Bromley Healthcare CIC Ltd**”.

If it is thought that not all the information entitled to has been received, in the first instance contact should be made with the Communications Lead in order to receive an explanation.

##### **Confidentiality**

Patient/clients have a right to have their personal health information kept confidential, and record holders are obliged to be satisfied that an applicant is the patient/client, or is otherwise entitled to access that patient/client's records. The applicant’s identity will need to be checked and further enquiries may be needed.

**Request For Access to Health Records
Under The Data Protection Act 1998/Health Records Act 1990**

**Introduction**

We apologise for the inconvenience in asking you to complete this form relating to your recent request for access to health records. However, you will appreciate that health records relating to any individual are highly confidential and we must ensure that we release such records only to the person to whom they relate, or to a person authorised to act on his/her behalf.

You should study these notes very carefully and refer to them as appropriate when completing the Request Form (Appendix A). Please complete the Request Form as fully and accurately as possible to enable us to locate the health records.

###### PART A – Personal Information

Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the records relating to you or the person for whom you have applied. This is particularly important if the name and/or address has changed since the period to which the application refers.

###### Part B – Details Of Person Acting On Behalf Of The Record Subject

If you are not the Record Subject, we will require the Record Subject’s confirmation that you are acting on their behalf. Please complete Part B with the details and have the Record Subject fill in Part E. If the Record Subject is not capable of understanding the request (but not a child – see Part C) a letter from the General Practitioner/Consultant to this effect should accompany the form.

###### Part C – Declaration

This section must be completed by the person making the application.

###### Part D – Witness

Because of the confidential nature of health records held by Bromley Healthcare it is essential for us to obtain proof of your identity and your right to receive any relevant data. Your application should be countersigned by someone who knows you personally. A RELATIVE SHOULD NOT COUNTERSIGN. In certain cases you may be asked to produce further documentary evidence of identity.

The person who countersigns your application is only required to confirm your identity and witness you signing the “Declaration”. There is no requirement for this person to either see the contents of the rest of the form or to give any assurance that the particulars supplied are correct.

###### General Notes

Bromley Healthcare has up to 40 days to respond to your request. If any difficulties are encountered in locating your records, you will be kept informed of progress.

A copy of the health records can be made available to be viewed on site. Alternatively, the copies of the health records can be sent directly to you.

When the copies of the records or extracts are ready for viewing, an appointment can be made for you to see them. If a meeting is arranged, the Health Professional responsible for the records and/or an administrator will be present to answer any queries.

Any amendments to the records which you may wish to be made will be discussed with the Health Professional. Any agreed alterations will be entered on the records and copies given if requested. If alteration is refused then the reason for this should be made known.

***Appendix A***

Application for Access to Health Records

**(Data Protection Act 1998/Access to Health Records Act 1990)**

PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK

###### PART A - Personal Information

###### *Community Clinic/Centre/Hospital or place where treatment given:*

Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Patient/client Details:***

Surname Forenames

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/client Record In respect of treatment for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state condition/illness if known)

 on (date/s)

###### Part B - Details Of Person Acting On Behalf Of The Record Subject

Details of applicant (if different from above) Relationship to patient/client

Surname \_\_ Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### PART C - Declaration

This section must be completed by ticking one box and signing below

* I am the patient/client.
* I have been asked to act by the patient/client and attach the patient/client's written authorisation.
* I am acting in loco parentis and the patient/client is under 16 and (is incapable of understanding the request/ has consented to my making the request).
* I am the deceased patient/clients personal representative and attach confirmation of my appointment.
* I have a claim arising from the patient/client's death on the grounds that:

 ………………………………………………………………………………………………………………………

I declare that the 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 referred above under the terms of the Data Protection Act 1998/ Access to Health Records Act 1990.

Signed Date

Name in Capital Letters

###### Part D – Witness

This section must be completed as proof of the applicant’s identity. It will not be possible to process this application unless this section has been completed.

I certify that I am (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and have known the applicant for \_\_\_\_\_ years as an employee/client/patient/client/personal friend and have witnessed the applicant sign this form.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Part E – Authorisation (on behalf of another person)

I hereby authorise Bromley Healthcare to release information on health records they may hold relating to me to:- (proof of identity will be required to whom I have given consent to act on my behalf)

***Name and address of the person acting on your behalf***

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Part F – Subject Awareness

I am aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

my parent/guardian has requested my health records as stated in Part A and agree to the request.

Signed Date

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### FOR OFFICIAL USE ONLY – For completion by Health Records Access Co-ordinator

Access Request Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee (£10) received Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Professional advising (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access provided on date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further action: Correction requested YES / NO Applicant notified outcome YES / NO

 Copied provided YES / NO Copying fee YES / NO

 Fee Received £ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_