

Attleborough Surgeries

Subject Access Request Application Form

Introduction

The Data Protection Act gives patients or their representatives a right of access, subject to certain exemptions, to their medical record. Attleborough Surgeries respects the rights of individuals to have copies of their information wherever possible.

There are three main areas of legislation that allow patients the right to request access to their personal information. They are:

- The Data Protection Act (DPA) 1998
- The Access to Health Records Act 1990
- General Data Protection Regulations (GDPR)

Please complete this form, from which personal information will only be used in connection with the processing of your subject access request.

Who Can Make An Access Request?

An application for access to personal data may be made to the Practice by any of the following:-

- an individual
- a person authorised by the individual in writing to make the application on an individual's behalf e.g. solicitor, family member, carer
- a person having parental responsibility for the individual where he/she is a child.
- a person appointed by a court to manage the affairs of an individual who is deemed not competent
- individuals who hold a Health and Welfare Lasting Power of Attorney
- where the individual has died, the personal representative and any person who may have a claim arising out of the individual's death (consent is still a requirement by law)

The Police may, on occasion, request access to personal data of individuals. Whilst there is an exemption in the Data Protection Act which permits the Practice to disclose information to support the prevention and detection of crime, the Police have no automatic right to access; however they can obtain a Court Order.

The law regards young people aged 16 or 17 to be adults for the purposes of consent to employment or treatment and the right to confidentiality. Therefore, if a 16 year old wishes their information to remain confidential then that wish must be respected.

In some certain cases, children under the age of 16 who have the capacity and understanding to take decisions about their own treatment are also entitled to decide whether personal information may be passed on and generally to have their confidence respected.

Where a child is considered capable of making decisions, the consent of the child must be sought before a person with parental responsibility may be given access. Where, in the view of the appropriate professional, the child is not capable of understanding the nature of the application, the holder of the record is entitled to deny access if it is not felt to be in the patient's best interests.

The Practice is a Data Controller and can only provide information held by the organisation. Data controllers in their own right must be applied to directly, the Practice will not transfer requests from one organisation to another.

For patients making a request to **access their own record or that of a child for which the individual has parental or guardianship responsibility**, please complete Table 1, 2 and 4 below only.

Table 1

Name of Patient record to be accessed	
Date of Birth	
Current address and postcode	
Contact telephone number	
NHS number (if known)	
Tick the relevant box opposite	<p><u>Tick one box only:</u></p> <p>I am applying for my own records <input type="checkbox"/></p> <p>I am the parent or guardian of the patient to whom access is requested <input type="checkbox"/></p> <p>I am making a 3rd party application <input type="checkbox"/></p>

Please confirm the period of records to be accessed.

Table 2

Example	Records Dated From and To
Please provide access to my medical record between the following periods. (State the period concerned. i.e. 1st May 2015 to 30th January 2017).	

If this **application is being made by a third party**, (excluding a parent or guardian), please complete **Table 1 and 2 above, in addition to Table 3 and 4 below**, with details of whom the records should be released to.

Table 3

Full name of applicant	
Address of applicant	
Relationship with individual whose records are being accessed	
Authority to release to applicant	<p>I _____ (Patient name) hereby authorise Attleborough Surgeries to release my personal data to the named party above, who I authorise to act on my behalf.</p> <p>Signed _____</p> <p>Date _____</p>

Table 4

<p>Declaration by Patient</p> <p>Please provide me with copies of my medical record under The Data Protection Act. For subjects under the age of 16, a parent/guardian should make this declaration.</p> <p>I understand that under the Data Protection Act, information disclosed under a Subject Access Request may have certain information removed. This is to ensure that confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.</p> <p>I understand that it may be necessary to provide evidence of identity if copies of records are collected from the Practice.</p>	<p>Signature</p> <p>_____</p> <p>Print name if acting for a child under the age of 16 years</p> <p>_____</p>
	<p>Date</p>

In accordance with legislation, no fee will be charged for the provision of information unless the request is manifestly unfounded or excessive, particularly if the request is repetitive. If this is the case, then we will contact you to discuss the fee payable.

Your access request will be completed within thirty (30) days of receipt of your request. An extension of 2 months can be allowed if necessary taking into account the complexity of the request.

The format of the released information is to be agreed with the requester. Where these are provided in paper format, copies of the records will need to be collected from the Practice premises.

Please return your completed application to:

Nikki Vlatseas
Assistant Practice Manager
Attleborough Surgeries
Station Road
Attleborough
NR17 2AS