

## APPLICATION FOR ACCESS TO GENERAL PRACTICE MEDICAL RECORDS

Please consider the below information before completing the Application for Access to Confidential GP Health Records form.

### People who can apply for access to a living patient's medical records:

The patient about whom the record has been compiled OR

Someone acting on behalf of the patient, for example:

1. A legal representative (e.g. a solicitor or insurance company) acting with written authorisation of the patient.
2. A parent on behalf of a child. Any person with parental responsibility may apply for access to the records if this is not contrary to a competent child's wishes.
3. By court order or appointment.

### Requirements

- When making your application we ask that you give details of the time periods and parts of the health record which you require, if applicable, to assist with processing the application.
- If you are using an authorised representative to make your application, you need to be aware that in doing so they may gain access to all health records about you. If this is a concern, it is your responsibility to inform them of what information you wish them to request specifically.
- To make an application, you must provide evidence of your identity – this must include one form of personal photographic ID and one form of proof of address. Further information of what forms of identification can be accepted is given within the application form. (See Identification)

### Submission of Application

- Please send your completed application form, copies of relevant identification and supporting documentation via email to [records.rosedean@nhs.net](mailto:records.rosedean@nhs.net). If you are unable to submit your request via email, please forward your completed application to the following postal address **Rosedean House Surgery, 8 Dean Street, Liskeard, Cornwall, PL14 4AQ**
- Once your completed application form, together with the appropriate supporting evidence of your identity and supporting documentation to make the request are received, we will retrieve your health records and process the request.
- **Incomplete applications will not be processed.**

### Disclosure

We will endeavor to deal with your application within **one month**, in accordance with the Data Protection Act 2018. In exceptional circumstances this may not be possible but we will update you and keep you informed of the delay and likely timescales.

We will review your records and redact or potentially withhold information within your records which may not be released. There are certain circumstances in which access to the complete records or to certain parts of the record cannot be permitted:

➤ Where an individual other than the patient (and appropriate health professionals) could be identified from the information (unless the individual consents).

- Copies of the records will be sent by secure email or may be collected, in person, from the surgery.
- **For security reasons, we are unable to release your private medical records to be collected by any other party.**
- **Please note that ID will need to be produced for checking to ensure safe release of your medical record.**
- We can only provide copies of health records which we hold.
- Parts of a person's medical record may be held with hospital, community or mental health trusts. We cannot provide access to these records and you therefore may wish to make a separate application to another health organisation.



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1.0

**Individual's Details**

Surname	
Forename(s)	
Previous/Other Names <i>(if applicable, otherwise enter N/A)</i>	
Date of Birth	
NHS Number (if known)	
Address, including postcode	
Telephone number	
Contact Email	

**Applicant Details\* (if different from above)**

Surname	
Forename(s)	
Address, including postcode	
Telephone number	
Contact Email	
Relationship to the Individual	



## 1.1 REQUEST INFORMATION

### I require a summary of my medical record

*This includes all Major and Minor Diagnoses and Operations, Allergies, Vaccinations, Current Medication list and a history of the last 6 months' consultations with the GP surgery including nurses, doctors, pharmacists and administrative contacts.*

**This is usually sufficient for most purposes, including, but not limited to, PIP and DWP assessments.**

### I require a copy of my Medical Records between the following dates:

*For example: if you are looking for information regarding your treatment after a car accident in August 2019 you could ask for copies of your record from 01/08/19 – 01/01/20*

### I require copies from my Medical Records regarding the following subject, condition or event:

*For example: Mental Health / Migraine / Motor Vehicle Accident in 2019*

### I require a copy of ALL my Digital Medical Health Records.

*This is a copy of all the information held on our computer system. Records have been completely computerised in most practices since 2005, but prior to this, records were on paper and were often handwritten, however, when transferring records between practices this was often printed and added to the paper record with what was considered relevant added to the new practice's computer system at the time of registration. This can still be quite sizable and take a long while to produce, particularly if you have a complex medical history or have moved practice several times.*

### I require a copy of my whole Medical Record; both paper and digital records.

*This can take quite a long time to produce as your paper record must be retrieved and gone through to scan all the documents within and then put together with the electronic record. If you have extensive medical records this option can produce quite an administrative burden for the practice. Please carefully consider if this is really required as most practices 'summarise' relevant information from the paper records onto the electronic record when your notes are received after registration.*

**Keeping copies of your medical records can pose a risk to your privacy. Once they have left the practice it is your responsibility to keep them safe and secure to mitigate this risk.**

### Can you tell us briefly why you require copies of your medical records?

*For Example: PIP Claim / Job Application.*

*This helps us understand the nature of the request and whether sensitive information should be included.*



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**2.0 DECLARATION BY APPLICANT**

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 to under the terms of the Data Protection Act 2018.

Please tick one of the following:

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.(The patient has signed the patient authorisation section below and has provided a copy of photographic ID and proof of address as proof)
- I have been appointed by the court to manage the affairs of the patient and attach confirmation of my appointment.(i.e. Lasting Power of Attorney)
- I have parental responsibility for the individual and attach a copy of the child's full birth certificate.

<b>Print Your Name:</b>	
<b>Your Signature:</b> (We are unable to accept typed names as signatures, please sign by hand or e-signature)	
<b>Date:</b>	

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out your request in accordance with the Data Protection Act 2018 or Access to Health Records Act 1990. After your request is completed your information will be retained for a statutory time period (currently 6 years), after which date it will be securely destroyed.

**2.2**

**PATIENT AUTHORISATION\* (for use when appointing another individual to act and receive the records on your behalf)**

I hereby authorise Rosedean House Surgery to release any health records that they may hold relating to me to:

(Enter name of the person acting on your behalf), to whom I have given consent to act on my behalf.

Signature of Patient:  Date:

\*(If you are using an authorised representative to make your application, you need to be aware that in doing so they may gain access to all health records about you. If this is a concern, it is your responsibility to inform them of what information you wish them to request specifically.)



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### 3.0 IDENTIFICATION

- **One form of photo personal ID**

AND

- **One proof of current home address**

#### **Acceptable Photo Personal Identity Documents:**

- Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities passports
- Passports of non-EU nationals, a visa or a UK residence permit showing the immigration status of the holder in the UK
- Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine)
- A national ID card and/or other valid documentation relating to immigration status and permission to work

*Any document not listed above is not an acceptable form of identification e.g. organisational ID card.*

#### **To confirm address, the following documents are acceptable:**

- Recent utility bill or a certificate from a supplier of utilities (Telephone (landline phone), Water, Electricity or Gas) confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills will not be accepted). Utility bills in joint names are permissible.
- Local authority council tax bill for the current council tax year
- Current Full UK photo card driving licence (if not already presented as a personal ID document)
- Current Full UK driving licence (old version) (if not already presented as a personal ID document)
- Bank, building society or credit union statement or passbook containing current address
- Most recent mortgage statement from a recognised lender \*
- Current local Council tenancy agreement
- Current Private tenancy agreement
- Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit
- Confirmation from an electoral register search that a person of that name lives at the claimed address \*
- Court Order \*
- Parental Court Order \*
- HMRC self-assessment letters or tax demands dated within the current financial year
- Medical card or letter of confirmation from GP's practice of registration with the surgery

\* The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g. clear evidence that the person was not living in the UK for 6 months or more) and they must contain the name and address of the applicant.

We will accept the overseas equivalent of the above documents for claimants who live abroad.

#### **Copies of documents & Certificates:**

We would prefer that you do not send original documents of identity when submitting your application. We will accept clear and legible quality copies of certificates and identification documents.



#### 4.0 Consent to Email your completed request.

We are now able to complete requests and send records electronically via secure email. Please confirm you wish to receive the records via secure email and specify the email address that the records should be sent to.

I confirm I am happy to receive the outcome of my request via email to the below email address.

Email Address:

<b>Print Your Name:</b>	
<b>Your Signature:</b> (We are unable to accept typed names as signatures, please sign by hand or e-signature)	
<b>Date:</b>	

#### 5.0 Application Checklist

- 1.0 Individual Details complete
- 2.0 Declaration by Applicant complete
- 3.0 Acceptable Proof of Address provided
- 3.0 Acceptable Proof of ID provided
- 4.0 Consent to email your completed request

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Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out your request in accordance with the Data Protection Act 2018. After your request is completed your information will be retained for a statutory time period (currently 6 years), after which date it will be securely destroyed.

FOR OFFICE USE ONLY

Please check ID required and valid forms to accept on page 5, then record here.

IDENTIFICATION SEEN (PLEASE LIST)	SEEN BY (PLEASE INITIAL AND DATE)	COPIES TAKEN/PROVIDED (YES/NO)

