

ACCESSING YOUR MEDICAL RECORDS AT THE REDDISH FAMILY PRACTICE

Introduction

In accordance with the General Data Protection Regulation, patients (data subjects) have the right to access their data and any supplementary information held by the Reddish Family Practice; this is commonly known as a data subject access request (DSAR). Data subjects have a right to receive:

- Confirmation that their data is being processed
- Access to their personal data
- Access to any other supplementary information held about them
- Access to any images of them captured on the practice CCTV system

Options for access

As of April 2016, practices have been obliged to allow patients access to their health record online. This service will enable the patient to view coded information held in their health record. Prior to accessing this information, you will have to visit the practice and undertake an identity check before being granted access to your records.

In addition, you can make a request to be provided with copies of your health record. To do so, you must submit a Data Subject Access Request (DSAR) form; this can be submitted electronically and the DSAR form is available on the practice website. Alternatively, a paper copy of the DSAR is available from reception. You will need to submit the form online or return the completed paper copy of the DSAR to the practice. Patients do not have to pay a fee for a copy of their records.

Time frame

Once the DSAR form is submitted, the maximum time permitted to process DSARs is one calendar month unless exceptional circumstances apply. The Reddish Family Practice will advise you at the time of your request should this be that case and the date that you can expect the response.

Exemptions

There may be occasions when the data controller will withhold information kept in the health record, particularly if the disclosure of such information is likely to cause undue stress or harm to you or any other person.

Data controller

At the Reddish Family Practice the data controller is Mrs Jenny Webster and should you have any questions relating to accessing your medical records, please ask to discuss this with the named data controller.

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS
in accordance with the General Data Protection Regulation (GDPR)
DATA SUBJECT ACCESS REQUEST**

This form must be completed in blue or black ink and signed in order for us to process your request.

Section 1: Patient details

Title: (i.e. Mr, Mrs, Ms, Dr)	Name:
Date of birth:	Address:
Telephone:	
Email:	
NHS number (if known)	

Section 2: Record requested

The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

Please provide me with a copy of records between the dates specified below:
Please provide me with a copy of records relating to the incident specified below:
Please provide me with a copy of records relating to the condition specified below: all relating to back pain, pelvic pain, ibs, migraines
Please provide me with a copy of CCTV records including images of the subject at the times and dates specified below:
Please note that CCTV footage is only kept for up to 31 days after the requested incident. Footage is also only recorded in the public areas. Please see a copy of the practice CCTV policy which is available on our website for further information.
Please provide me with a copy of all electronic records held

Section 3: Details and declaration of applicant

Please enter details of applicant if different from Section 1

Surname		Title (Mr, Mrs, Ms, Dr)	
Forename(s)		Address	
Telephone number			
Capacity in which requesting (Name of Organisation)			

Declaration

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 records referred to above under the terms of the GDPR.

Please tick:

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I am the patient's parent / guardian and the patient is under the age of 16 and:
 - (a) has consented to my making this request, or
 - (b) is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient's affairs and attach a certified copy the court order appointing me to do so

Signature of applicant:Date:

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Section 4: Proof of identity

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached copies of documents as noted in section 4A below	Yes/No	If Yes, please indicate which documents have been attached

4A – Evidence

Evidence of the patient's and/or the patient's representative identity will be required. Please attach copies of the required documentation to this application form.

Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his/her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc.
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and one item showing proof of the representative's identity (see examples in 'A' above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
D	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in 'A' above)
NB:	Please note that any CCTV Footage requests should be accompanied by photo id of the subject for identification purposes.	