**THIRD PARTY REQUEST**

**APPLICATION FOR ACCESS TO HEALTH RECORDS**

***Made in Confidence***

**Before completing the attached form, please read the following notes. Should you need help with completion, please contact Bradford District Care NHS Foundation Trust’s Information Governance & Records Management team on 01274 228162.**

**Please Note: In this form if the term ‘subject’ is used to mean the person whose records are being requested. Where reference is made to Bradford District Care NHS Foundation Trust it also includes Bradford District Care Trust.**

**Who should use this form?**

The attached form should be used if you want copies of **someone else’s** medical records held by Bradford District Care NHS Foundation Trust (BDCFT).

**Please note this form should not be used if the person whose records you are requesting is deceased or if you are requesting your own records. There are different forms for such requests.**

All application forms access to health records/medical records can be downloaded from our website at [www.bdct.nhs.uk](http://www.bdct.nhs.uk)

**Who can make a Third-Party request?**

Anyone can make a request to access another person’s health records but there is no legal requirement to provide the information unless a Court Order exists. Personal information can be disclosed to the police without consent from the individual for the prevention or detection of serious crime. However, each case will be considered individually before a decision is made.

**How long will I have to wait to receive the records?**

Upon receipt of the completed form and ID we will begin to process your request.

Although there are no legal timescales for delivery (other than for Court Orders) we will endeavour to respond as soon as possible but, unfortunately, we are unable to provide you with a date by which you will receive these records.

We are having to prioritise requests for information about an individual to that same individual (Subject Access Request (SAR)) which we are now legally obliged to respond to within one month under the new General Data Protection Regulation (GDPR).

As a result, all other third-party requests for information are now taking slightly longer, to process, than they were previously but please be assured that your request will receive a response.

**What ID is required?**

We recognise that medical records are very sensitive and confidential so we must make sure we only give copies to those people who are entitled to receive them. For this reason, we may require some form of ID. This could be a copy of your birth certificate, passport or driving license along with a copy of a current utility bill (gas, electricity, council tax etc.) showing your current address dated within the last 3 months.

**How much will it cost?**

In most cases there will be no charge to access these records.

**What form will the records be?**

* We will provide an electronic copy of the records via email.

or

* You can ask for the records to be sent to you by recorded delivery. Where possible we would prefer the two options above to reduce the cost of this service to the Trust.

**Is there any information that cannot be released?**

Information will be removed that relates to third parties, this includes non-professionals and their opinions and family members.

If it is considered that information in the record, if released, may cause serious harm or distress to the subject or any other individual then information could be restricted.

We can only provide copies of original records: printouts from an electronic patient care database or a paper record. We cannot provide a summary or statement about individual treatment or diagnosis.

**IMPORTANT INFORMATION**

Once you have possession of the records it is your choice as to whom you share that information with – we do not hold any responsibility.

**Please keep this guide for your reference**

**THIRD PARTY REQUEST**

**REQUEST FOR ACCESS TO HEALTH RECORDS**

***MADE IN CONFIDENCE***

**Please Note: In this form if the term ‘subject’ is used to mean the person whose records are being requested.**

**PLEASE COMPLETE IN BLOCK CAPITALS**

|  |  |
| --- | --- |
| **Section 1 – Details of Subject** | |
| Surname: |  |
| Forename(s): |  |
| Date of Birth: |  |
| Gender: |  |
| NHS Number: |  |
| Address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Previous or other names the subject has been known by: | | 1) |
| 2) |
| 3) |
| Previous address 1: | |  |
|  | |  |
| Postcode: | |  |
| Previous address 2: | |  |
|  | |  |
| Postcode: | |  |
| Contact Telephone Number: | Home: |
| Mobile: |
| E-mail: |  |
| GP’s Name: |  |
| Practice Name: |  |
| Address: |  |
|  |  |
| Postcode: |  |

Providing the GP’s details will help locate the information *(Please note you will not receive the GP records. To receive these please contact the GP directly)*

|  |
| --- |
| **Section 2 – What information is being requested?** |

Dates for which information is sought:

From ……………………………………… To …………………………………………………..

To help us provide the correct information, please provide as much information as possible, giving full details of all the occasions you are interested in. If you wish to only receive information relating to specific aspects of certain occasions, then please specify in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital/Clinic | Dates | Ward/  Outpatient Clinic | Consultant/Practitioner | Case reference number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Please indicate if there is any specific information that you are interested in: |

Is the subject (please tick as appropriate):

* An Inpatient
* An Outpatient (you may be asked to provide formal identification)
* No longer receiving care (you may be asked to provide formal identification)

|  |
| --- |
| **Section 3 – Person making the request** |

|  |  |
| --- | --- |
| Your Surname: |  |
| Your Forename(s): |  |
| Your Date of Birth: |  |
| Your Address: |  |
|  |  |
|  |  |
| Your Postcode: |  |
| Contact Telephone Number: | Home: |
| Mobile: |
| E-mail: |  |

**AL**

|  |
| --- |
| **What is your relationship with the person you are requesting information about?** |

|  |
| --- |
| **Please provide details of why you are requesting this information and what you are going to do with it:** |

|  |
| --- |
| **Provide details of why the patient is not making the request themselves:** |

|  |
| --- |
| **If you are applying for someone else’s information then you are classed as a third party and your information would normally be removed before the record is released. However, you may wish for your information to remain in the record that is sent to you – for example discussions you have had with Bradford District Care NHS Foundation Trust staff. If this is the case please sign below.**  **If you do not sign here information about you or your discussions will be removed.** |
| Signature: ………………………………………………………………………………………………….  **For additional third-party authorisation complete section 6. Please make additional copies of section 6 if necessary.** |

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| **Section 4 - Declaration** |

**WARNING:** Making a false or misleading request in order to obtain access to personal information is a criminal offence.

I declare that to the best of my knowledge that the information provided in this application is true and correct and that I hereby declare that I fully understand the nature of this application. I understand that once my information has been released to me, my solicitors or agent, that Bradford District Care NHS Foundation Trust will not accept any liability for how that information/data may be shared or used.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename(s) |  |
| Signed |  | Date |  |

**How would you like to receive the information?**

* I would like the records to be emailed to me. Please note: the records will be encrypted, and password protected. On receipt of the records, I will need to contact BDCFT to receive the password. Please email the records to the following email address:

…………………………………………………………………………………………………

* I would like my records to be sent to me. If the delivery address is different from that in section 3 please provide details here:

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| **Section 5 - Authorisation** |

I hereby authorise Bradford District Care NHS Foundation Trust to release all personal data they may hold relating to me to

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

whom I have given my consent to act on my behalf.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename(s) |  |
| Signed |  | Date |  |

|  |
| --- |
| **Section 6 – Additional Third-Party Authorisation** |

**If you are applying for someone else’s information then you are classed as a third party and your information would normally be removed before the record is released. However, you may wish for your information to remain in the record that is sent to you – for example discussions you have had with Bradford District Care NHS Foundation Trust staff. If this is the case please sign below.**

**If you do not sign here information about you or your discussions will be removed.**

**Any additional third parties should copy this sheet and complete separately.**

|  |  |
| --- | --- |
| Your Surname: |  |
| Your Forename(s): |  |
| Date of Birth: |  |
| Address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Contact Telephone Number: | Home: |
| Mobile: |
| E-mail: |  |

I give authorization for information relating to any discussions etc. with BDCFT staff that I have had to be left in the record.

Signature: ………………………………………………………………………………………..

Date ………………………………………………………………………………………………………..

**Please note that you will be asked to provide identification**

**To proceed with your request**, please post this form and proof of ID to:

*This is a postal address only and not accessible to the public*

Information Governance & Records Management team

Bradford District Care NHS Foundation Trust Archives

Unit 1

Four Lane Business Park

Bradford

West Yorkshire

BD8 9RY

Or Dpa.requests@bdct.nhs.uk