**SUBJECT ACCESS 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 363629 or 01274 228153.**

**Please Note: In this form if the term ‘subject’ is used. It means 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 **your own** medical records held by Bradford District Care NHS Foundation Trust or you are **acting on another person’s** behalf.

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

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

**Who can make a Subject Access Request?**

Under the terms of the Data Protection Act 1998 and the General Data Protection Regulation (GDPR) an individual has the right to access personal data of which he/she is the subject or where the individual making the request is acting on behalf of the subject. This is called a Subject Access Request.

A Subject Access Request can be made by:

* The subject themselves
* Another individual who has been given the authority to act for the subject in specified matters or all legal or financial matters
* A legal representative (such as solicitors or insurance companies)
* An individual who has Power of Attorney
* Parents or Guardians of a minor (typically this means anyone under the age of 13, but the capacity of the subject will be taken into consideration)

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

Upon receipt of the completed form and valid ID ~~-~~ we will begin to process your request. The law allows one calendar month for us to make the records available to you, but we will do our best to provide the information sooner.

**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 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 access to your records is free of charge.

**What form will my records be?**

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

or

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

You also have the right to ask to view your records. Please contact the Information Governance & Records Management team to ask for guidance on viewing records to be sent out to you.

**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.

Please note, we can only provide copies of original records: a printout from an electronic patient database or a paper record. We cannot provide a summary or statement about individual treatment or diagnosis.

**IMPORTANT INFORMATION**

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

**BE AWARE**

If the information has been requested by your Solicitor or an agent acting on your behalf, the information may be shared with others by them.

**Scenario:**

If your solicitors are acting on your behalf in a court hearing or trial, your information may be shared with all parties concerned, e.g. in Family Court hearings, it is likely that your information will be shared with your previous partner, their legal team and members of the court.

There may be sensitive information that you do not want others to know about, if that is the case there are alternative ways in which we can help you share your information.

To discuss your options on information sharing contact us on 01274 363629 or 01274 228853

**Patient Advice and Complaints Team**

If you have a question, compliment, comment or concern please contact our PACS team on 01274 251440 or [www.bdct.nhs.uk/feedback-form](http://www.bdct.nhs.uk/feedback-form)

If you need a large print, audio or translated copy of this leaflet please contact us on. We will try our best to meet your needs.

**Please keep this guide for your reference**

**SUBJECT ACCESS REQUEST FOR ACCESS TO HEALTH RECORDS**

***MADE IN CONFIDENCE***

**Please Note: In this form if the term ‘subject’ is used it means 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 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: |

Are you/the subject currently: (please tick as appropriate)

* An Inpatient
* An Outpatient
* No longer receiving care

(you will be asked to provide formal identification)

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

Are you making a request for your own records?

|  |  |
| --- | --- |
| * Yes – go straight to section 4 | * No – complete this section |

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

A

|  |
| --- |
| **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:** |

|  |
| --- |
| **Please provide details of why the subject is not making the request themselves:** |

|  |
| --- |
| **If you are applying for someone else’s information (for example your child’s records; where you have power of attorney or where the subject has given you authority to make the request) 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: ………………………………………………………………………………………  **Note: if there are other people who wish for their information to be left in the record e.g. a parent they must each complete section 6. Please make additional copies of section 6 if necessary.** |

**CLIN**

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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: (Please tick the relevant box in the right hand column).

|  |  |
| --- | --- |
| I am the subject  If you are no longer receiving care you **may** be asked to provide a copy of the following:   * Your passport or driving licence or something with your signature on **and** * A utility bill or financial statement that has your name and address on |  |
| I am acting on behalf of the subject and have their written consent  Please **complete**:   * Section 5 – Authorisation   And provide a **copy** of   * Your passport or driving licence or something with your signature on **and** * A utility bill or financial statement that has your name and address on |  |
| I am acting on behalf of the subject and am the legally appointed representative  Please provide a **copy** of:   * The signed Power of Attorney or Court Order of Protection document **and** * Your passport or driving licence or something with your signature on **and** * A utility bill or financial statement that has your name and address on |  |
| I am acting on behalf of a child or young person under the age of 13 and is incapable of understanding the request  Please provide a **copy** of:   * Their Birth Certificate or Adoption Certificate or proof of custody/responsibility **and** * Your passport or driving licence or something with your signature on **and** * A utility bill or financial statement that has your name and address on |  |

I hereby declare that I fully understand the nature of this application. I understand that if this request has been made via a Solicitor or other agency that the information about me/the subject may be shared with or used by other parties. I understand that once the 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 may be shared or used.

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

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

|  |  |
| --- | --- |
| I would like the records to be emailed to me. Please email the records to the following email address:  Please note: the records will be encrypted and password protected. On receipt of the records we will ask you to contact us to receive the password. …………………………………………………………………………………………………………………  I would like the records to be sent to me. If the delivery address is different from that shown in sections 1 or 3 please provide details here:  …………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………… |  |
|  |  |
|  |  |

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| --- |
| **Section 5 – Subject Authorisation** |

Complete this section if you are the subject and are authorising someone else to act on your behalf.

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

…………………………………………………………………………………………………………………………..

who 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 (for example your child’s records; where you have power of attorney or where the subject has given you authority to make the request) 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 authorisation for information relating to any discussions etc. with Bradford District Care NHS Foundation Trust staff that I have had to be left in the record.

Signature: …………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………..

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

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

Information Governance & Records Management team

Bradford District Care NHS Foundation Trust Archives

Unit 1

Four Lane Business Park

Cemetery Road

Bradford

West Yorkshire

BD8 9RY

Or DPA.requests@bdct.nhs.uk