



APPLICATION TO ACCESS HEALTH RECORDS UNDER:
DATA PROTECTION ACT 1998 or
ACCESS TO HEALTH RECORDS ACT 1990 (for deceased patients)

Section A – DETAILS OF RECORDS TO BE ACCESSED (to be completed in all cases)

PATIENT'S FULL NAME:.....

DATE OF BIRTH..... NHS number (if known).....

ADDRESS:.....

.....TELEPHONE NUMBER.....

Section B – DETAILS OF APPLICANT (if applying on behalf of the patient)

FULL NAME:.....

ADDRESS:.....

.....TELEPHONE NUMBER:.....

Section C – DECLARATION OF CONSENT (to be completed in all cases)

I declare that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 1998/ Access to Health Records Act 1990.

Please tick as appropriate:

- I am the patient named in **Section A**
- I am the patient named in **Section A** and authorise release of my health records to the person nominated in **Section B** above.
- I am the personal representative of the patient named in **Section A**. The patient is incapable of indicating consent by virtue of age or physical/ mental incapacity.
- I am the personal representative of the person named in **Section A** and I confirm I have power of attorney, enduring power of attorney or – in the case of a deceased person – probate has been granted to me (*please enclose a copy of relevant documentation*).
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the following grounds:

.....
.....

Signed:..... Date.....

Name (PRINT):.....

Relationship to patient (if signing on patient’s behalf).....

(e.g. parent/ guardian/ relative/ personal representative)

Section D – PROOF OF IDENTITY OF PATIENT (to be completed in all cases)

I enclose the following:

- 1) a **copy** of patient’s proof of identity (e.g. birth certificate, driving licence or passport); and
- 2) a **copy** of patient’s proof of address (e.g. utility bill)

Section E – COUNTERSIGNATURE (to be completed in all cases)

To be completed by the person required to confirm the identity of the applicant (whether the patient or the patient’s personal representative)

I (FULL NAME).....

of (ADDRESS).....

certify that the applicant is known to me as *employee/ colleague/ client/ patient / personal friend/ relative and I have witnessed the applicant signing the declaration in **Section C**.

** delete as applicable*

Signed:..... Date:.....

Name (PRINT):..... Profession:.....

Under the Terms of the Data Protection Act 1998/ Access to Health Records Act 1990 Shropdoc may not release information to you unless it is satisfied as to your identity. There are also other conditions where access to some information may be restricted.



APPLICATION FOR SUBJECT ACCESS REQUEST (ACCESS TO HEALTH RECORDS)

The Data Protection Act 1998, which came into force on 1 March 2000, allows you to find out what information about you is held on computer and in certain manual records. This is known as “right of subject access”. It applies to your health records. As the ‘holder’ of your records Shropdoc is known as the ‘data controller’, and the patient is known as the ‘data subject’ under the Act. The Act supersedes the previous rights of access for living patients under the Access to Health Records Act 1990.

Terms and Conditions

You are entitled to receive a copy of the medical records but should note that a charge will usually be made. You should also be aware that in certain circumstances your right to see some details in your health records may be limited in your own interest or for other reasons. This organisation has a written procedure which allows patients (data subjects) access to their health records.

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 the search for your information in accordance with Section 7 of the Data Protection Act 1998. Shropdoc is only responsible for providing information which is held by us. If you feel you would like to discuss your request further please telephone the Risk Manager on 01743 454900.

If your request indicates the release of information to a Third Party (e.g. a solicitor, insurance company or relative) please complete the relevant section.

If you are applying for access to your own records you will need to:

- Complete this form
- Provide two types of identification (e.g. proof of identity *and* proof of address)
- Pay any charges (as advised) that may be applicable in line with the Data Protection Act 1998. Cheques to be made payable to “Shropshire Doctors Co-operative Limited”.

Current Fees

Copies of computerised records - £10.00

Copies of manual health records: up to a maximum of £50.00 (fee inclusive of any computerised records)

Access to view health records - £10.00

- You do not need to give a reason to access your health records
- Please provide as much information as possible
- Please ensure that all information provided is accurate and up-to-date
- Shropdoc has 40 calendar days in which to respond to your request after your initial payment, but will aim to respond within 21 days where possible.
- If access has recently been given, further access may not be given until a reasonable time has elapsed. What is reasonable depends on the nature of the information, the purpose for which it is processed and when it was altered or added to.
- A parent or guardian can only apply on a child’s behalf if (a) the child has given consent (b) the child is too young to have the understanding to make the request. Please note that a parent does not have a legal right of access to their child’s health records.



TRANSFER OF INFORMATION OUTSIDE THE EUROPEAN ECONOMIC COMMUNITY

(EEA)

The standards procedure will be followed in accordance with the subsequent measures to ensure the appropriate transfer of data outside the EEA.

- After receiving a written request for access from the applicant/data subject, Shropdoc can ask for the applicant/data subject to complete the Authorisation of Transfer of Personal Data Outside the European Economic Community Form (Appendix 7) if the patient lives outside the EEA and in a country which is deemed not to have adequate levels of protection for personal data.
- Once the Authorisation of Transfer of Personal Data Outside the European Economic Community Form is returned all other procedures have been completed disclosure of information can proceed.

The European Economic Community is made up of 25 EC member states which are currently:

Austria	Belgium	Cyprus	Czech Republic	Denmark
Estonia	Finland	France	Germany	Greece
Hungary	Ireland	Italy	Latvia	Lithuania
Luxembourg	Malta	Netherlands	Poland	Portugal
Slovakia	Slovenia	Spain		

Plus Iceland, Norway, Liechtenstein

Countries OUTSIDE the EEA currently deemed to have an adequate level of protection for personal data are:

Argentina	Canada	Guernsey	Switzerland	Isle of Man
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Personal information can only be transferred to companies in the United States that have signed up to the 'Safe Harbour' agreement.

- If a written request for the transfer of data is received from any other country, advice should be sought from the Information Commissioner's Office.