



## PATIENT ACCESS TO PERSONAL RECORDS POLICY

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### Version Tracking

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3.2	01/02/2021	Due to the second wave of the Coronavirus pandemic and continuing exceptional circumstances, the Trust Board have agreed to further extend all policies currently over their review date to 1st July 2021	-
3.1	25/03/2020	Due to the current Coronavirus pandemic the Trust Board have agreed that all policies which are currently within review date will have their review date extended by six months from the review date stated on the currently published policy	-
3	04/06/2018	Removal of charges for copy health records in line with GDPR	D Rice

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## QUICK REFERENCE GUIDE

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. Under the General Data Protection Regulations (GDPR) (EU) 2016/768 living individuals or 'Data Subjects' have a right to access / copies of their personal data
2. Subject Access Requests (SAR) must be made in writing to the Medico Legal Team (Health Records Department, Mitchell Way)
3. Steps must be taken to verify the identity of the applicant before complying with the Subject Access Request
4. A Subject Access Request may only be made by the Data Subject, or someone who has their written consent to receive the personal data requested
5. Disclosure of medical information cannot be made without reference to an appropriate health professional (the health professional currently or most recently responsible for the clinical care)
6. Patients may be allowed to informally see parts of their records at the discretion of the appropriate health professional, and be given an explanation of any terms to assist understanding.
7. Information should not be provided which relates to and identifies another person unless that other person has consented to the disclosure or it is reasonable to comply with the request without their consent
8. Personal Data may be requested by third parties, e.g. solicitors, on behalf of the Data Subject where this is accompanied by authorisation from the Data Subject
9. Other third parties, with appropriate authorisation, may be able to access information on behalf of Data Subjects under certain conditions – e.g. access to records of deceased individuals, access to children's records, access to records of individuals lacking mental capacity to manage their own affairs

## 1. INTRODUCTION

Under the GDPR, living individuals or 'Data Subjects' have a right (subject to the payment of a fee, if applicable) to:

- Be informed whether Personal Data is being processed (which includes being held or stored)
- A description of the Personal Data held, the purposes for which it is processed and to whom the Personal Data may be disclosed
- A copy of the information constituting the Personal Data (subject to certain exceptions and conditions)
- Information as to the source of the Personal Data.

Requests for Personal Data will be known as 'Subject Access Requests (SAR's)'.

Portsmouth Hospitals NHS Trust is registered as a data controller with the Information Commissioner. As a data controller the Trust acknowledges it has a duty in accordance with provisions of the GDPR to respond in a timely and appropriate manner to requests from living individuals or their authorised representatives to view or be provided with copies of the personal information held by the Trust about them.

An individual is entitled only to their own personal information, and not to information relating to other people (unless they are acting on behalf of that person). Neither are they entitled to information simply because they may be interested in it.

Individuals have a right to see the information contained in personal data, rather than a right to see the documents that include that information. It is therefore acceptable to provide copies and relevant extracts of documents rather than original documents.

Portsmouth Hospitals NHS Trust has 30 days from the date the SAR is received, in which to comply.

## 2. PURPOSE

To provide clear guidance to staff when dealing with a SAR, in order to maintain Trust compliance with the GDPR.

## 3. SCOPE

This guidance has been written to assist all staff with a responsibility for dealing with requests for access to personal data, whether manual or electronic.

*'In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety'*

## 4. DEFINITIONS

Data – recorded information, whether stored electronically on computer or in paper-based filing systems

Data Controllers – individuals or organisations that hold and use personal information and that determine how and why the information is used

Data Owners - CSC manager, responsible for obtaining the information requested from local systems (Oceano, PACS, eye dept. notes etc.)

Data Processors – individuals or organisations that process information on behalf of the Data Controller

Data Subjects – the people the information is about and who can be identified from that information. All data subjects have certain legal rights in relation to their personal information.

Designated Person – the individual responsible for coordinating the request and the disclosure of the Personal Data.

Personal Data – the information about an identifiable living individual. This can be factual, such as name and address, or it can be an opinion about the individual.

Subject Access - The common term used to describe the right set out in section 7 of the GDPR which enables individuals to find out what personal data is held about them by a data controller, why it is held and who it is disclosed to.

## 5. DUTIES AND RESPONSIBILITIES

The Trust has a corporate responsibility to establish and maintain staff guidance for access to personal records. The Trust will take all reasonable steps to identify, collate and provide copies of or access to all the personal information requested by an individual. It will only withhold information in circumstances where the disclosure of that information may breach the right to confidentiality of another individual or if another exemption to disclosure as described in the GDPR applies.

**Information Governance Manager** responsible for updating this guidance in line with national and local guidance and legal obligations.

**Health Records Service Manager** responsible for ensuring that all relevant Health Records staff are aware and follow this guidance. They are also responsible for managing the process followed to provide responses to patients making requests for access to their medical records and the development and maintenance of supporting procedure documentation and guidance.

**PACS Manager** holds the same responsibilities as the Health Records Service Manager in respect of patient requests for copies of Radiology scans.

**CSC Department Managers** Data owners responsible for obtaining the requested Health Records from their departmental files or computer systems. (Oceano, Eye Dept., Oncology etc.)

**All Staff** across the Trust should be aware of this guidance and the Trust Data Protection policy, as part of their own accountability for Information Governance.

## 6. PROCESS

Access to Health Records

### 6.1 Subject Access

The right of access to health records is subject to a number of safeguards and exemptions which are designed to ensure the following:

- The identity of the applicant has been verified.
- Access is not given to any part of a record likely to cause serious harm to the physical or mental health of the patient or any other individual.
- Information is not released to a patient's personal representatives if it is evident that the patient did not wish access to be given.

- Third party information – access is not given to information which relates to or was provided by an individual (other than the patient) who could be identified from that information, except if the third party or other individual gives consent to the access.
- In the case of a deceased patient's representative, access shall not be given to any part of the record which is not relevant to any claim which may arise from the patient's death.
- A child, who (in the view of the appropriate health professional) is capable of understanding what the application is about, can prevent a person with parental responsibility from having access to their records. Also, where in the view of the health professionals, a child is not capable of understanding the nature of the application, the holder of the record is entitled to deny access if it were not felt to be in the child's best interest.

## **6.2 Request Received**

All Subject Access Requests must be made in writing to:

The Medico Legal Team  
Units 2/3 Mitchell Way  
Airport Service Road  
Portsmouth  
PO3 5PR

## **6.3 Log Sheet / File**

A log sheet will be started to track the request through the Trust detailing the date that stages are completed. The log sheet will be held within the Medico Legal Team.

Copies of relevant correspondence or documentation in connection with the Subject Access Request will be scanned and held electronically by the Medico Legal Team.

## **6.4 Letter in Reply**

A letter of acknowledgement (Appendix 3) will be sent to the address of the individual making the Subject Access Request (the Applicant). The letter will include an application form (Appendix 2) to confirm the identity of the data subject and to request additional details to enable a thorough search.

Applicants should be informed that details of their Subject Access Request may be used for management and audit purposes.

## **6.5 Request for Further Information**

### **6.5.1 Identity**

To comply with the law, a Subject Access Request may only be made by the Data Subject, or someone who has their written consent to receive the Personal Data requested. Where the Data Subject is a child, see section 6.15 as to when a parent or person with parental responsibility may make a Subject Access Request on a child's behalf.

Adequate steps must be taken to identify the Applicant before commencing the work to comply with the Subject Access Request under the GDPR. Where the Subject Access Request is made by a Data Subject, and the name(s) and address corresponds with those held on the records, then there should be no need for further identification, as long as documents are being sent to the same address. In other circumstances, or if in any doubt, then proof of identity of the Applicant and that (where not the same person) the Data Subject consents to the Subject Access Request should be obtained.

Examples of suitable documentation could include **copies** of:

- valid passport
- driving licence
- birth certificate, along with

- some other proof of address, e.g. a named utility bill

Copies of evidence of identity should be confidentially disposed of once the necessary checks have been made.

### **6.5.2 Details**

To enable a search of the records, sufficient details are required. An application form (Appendix 2) will be sent to the Data Subject enabling clarification of the information required.

## **6.7 Viewing a Record**

Arrangements for viewing a record will be made between the patient / requester and the relevant department once the Medico Legal Team has undertaken initial administration of the request.

The Medico Legal Team will scan and send the request to the relevant department for an appointment to be made with the requestor within 21 days of the letter being sent.

The Medico Legal Team will then write to the requestor informing them of the following:

- That their request has been forwarded to the relevant department who will contact them within 21 days to arrange a mutually convenient appointment.
- Access will be supervised by a health professional or a lay administrator. A lay administrator is a neutral person who can oversee the viewing and ensure that the record remains safe. In these circumstances the lay administrator must not comment or advise on the content of the record. If the applicant raises queries these will be recorded and provided to a health professional to prepare a written response.
- Details of the department that the request has been forwarded to and their contact details for any further queries.

Any issues will be reported to the Information Governance Steering Group by the Health Records Service Manager.

## **6.8 Reply Received**

When a reply is received from the Data Subject in response to any request for further information, this will be checked to ensure it is satisfactory and adequate to continue the process.

The 30 days begins from the receipt of satisfactory proof of identity and payment. The clock may be stopped if there is any delay in receiving details essential to the search for the correct records. Department of Health policy is 21 days although this is not a legal obligation. The 30 day limit is a requirement under the GDPR.

## **6.9 Search of Data Files**

The Data Owners will be responsible for checking systems and files for any reference, directly or indirectly, relating to the Data Subject. Copies of the Personal Data will be obtained and returned to the Designated Person dealing with the request.

Requests can include copies of information contained on Trust servers in the form of folders, files and emails between Trust staff. Requests of this nature will be handled by the Information Governance Manager.

*Important: Where Personal Data contains information as to the physical or mental health or condition of the Data Subject e.g. Medical Records or Occupational Health records, then*

*disclosure cannot be made without reference to an appropriate health professional.* The health professional that is appropriate will be the person currently or most recently responsible for the clinical care of the Data Subject to which the information relates or, where more than one health professional is involved, then the one most suitable to advise on these matters.

Should any Personal Data be found which might need to be withheld because it would:

- identify another individual and it would be unreasonable in the circumstances to do so or,
- cause serious harm to the physical or mental health or condition of the Data Subject, or any other person, or
- which you otherwise have concerns about disclosing (although under the GDPR such Personal Data may still have to be disclosed)

contact the Trust Information Governance Manager immediately for guidance.

#### **6.10 Collating Responses**

The appropriate Designated Person will collate the Personal Data received and prepare the disclosure response to the Applicant as necessary.

Should any information contained in the Personal Data of the Data Subject identify another individual then that information should be withheld or redacted, unless either of the following circumstances applies:

- the other individual has consented to the disclosure of the information, or
- If it is reasonable in all the circumstances to comply with the request without the consent of the other individual. The Act does give additional steps that will have to be considered before access is granted. Seek additional advice from Information Governance Manager in these circumstances.

Note: Access to records should not be refused where this other individual is a health professional who has compiled or contributed to the health record or has been involved in the care of the Data Subject, unless serious harm to that health professional's 'physical or mental health or condition may result from such disclosure'.

#### **6.11 Send Copies of Data**

When the Personal Data to be disclosed to the applicant is complete and agreed by the appropriate Health Professional, copies of that personal data and a covering letter will be sent to the applicant.

#### **6.12 Informal Access to Health Records**

The Trust encourages informal, voluntary arrangements whereby, patients, during or at the end of their treatment, are able to ask what has been recorded about them, during that episode of care.

A request of this nature does not need to be in writing. Patients may be allowed to see this part of their records at the discretion of the appropriate health professional, and be given an explanation of any terms to assist understanding.

The appropriate health professional is the person principally responsible for their clinical care and often will be a consultant, but may also be a nurse.

#### **6.13 Access to Health Records of Deceased Persons**

Health records relating to deceased people are not covered under the DPA. However, it is Department of Health policy that these records should be treated with the same level of confidentiality as those relating to a living individual.

Access to the health records of a deceased person is governed by the Access to Health Records Act 1990. Under this legislation when a patient has died, their personal representative



or executor or administrator, or anyone having a claim resulting from the death (this could be a relative or another person), has the right to apply for access to the deceased's health records.

For access to records relating to the deceased, applications may be received from: -

- the deceased's personal representative, or
- any person who may have a claim arising out of the deceased's death

However access is NOT to be given to the record or any part of it if any of the following apply:

- a note is included in the record, that the deceased did not wish access to be given
- the deceased had given the information and would not have expected it to be disclosed
- it would disclose information that is not relevant to any claim o
- it would disclose information about a third party

If appropriate, information would be required to establish a link between the Applicant and the deceased. A copy of the death certificate and a description as to the relationship with the person making the request or valid reason for access should be sought, together with proof of identity of the Applicant.

#### **6.14 Disclosure – other than directly to the Data Subject**

Personal Data may be requested by third parties, e.g. solicitors, on behalf of the Data Subject. Where this is accompanied by authorisation from the Data Subject then this request can be processed using the procedure for Subject Access Requests.

Where necessary the third party should be contacted for additional details required to enable an effective search for the Personal Data required for their purpose (Appendix 5).

No disclosure to a third person should be made unless authorisation is obtained from the Data Subject or the request is for crime or taxation purposes (see guidance later in document) or it is otherwise permitted under the GDPR. Seek additional advice from your Information Governance Manager in these circumstances.

In some instances a medical practitioner will request further information where a patient has been referred to him. Such a request for information should be referred to the health professional responsible for the patient's clinical care.

#### **6.15 Information about Third Parties**

Information should not be provided which relates to and identifies another person (for example a note in the records that a relative had provided certain information) unless that other person has consented to the disclosure or it is reasonable to comply with the request without their consent. The GDPR lists factors that should be considered in determining whether it would be reasonable in all the circumstances. (Specific guidance on 'Subject Access Rights and Third party Information' has been published by the Information Commissioner).

These provisions do not apply where the person to be identified is a health professional who has compiled or contributed to the health record, or has been involved in the care of the patient, unless serious harm to that health professional's physical or mental health is likely to be caused. If appropriate, seek additional guidance from the Trust's Information Governance Manager.

#### **6.16 Minors**

##### **6.16.1 Subject access by a minor:**

a) There is no minimum age for consent in English law.

b) Young people mature enough to understand the implications, can make their own decisions about Subject Access Requests. A valid Subject Access Request by a minor should be handled in the usual way. The health professional must consider whether the minor understands the implications of the Subject Access Request and the Personal Data provided as

a result of the request. The Information Commissioner has issued guidance that a child of 12 may be assumed to be of sufficient age and maturity to have such understanding, although in specific circumstances younger children may have sufficient understanding yet an older child may not.

#### **6.16.2 Subject access on behalf of a minor:**

- a) A parent, guardian or person with parental responsibility for the child can make a Subject Access Request on behalf of a minor. There may potentially be a problem where parents are unmarried and the father is not living with the child or where the father has a different address and name. Further advice should be sought from the Information Governance Manager. Consideration must be given as to whether the Subject Access Request is made solely in the interests of the minor.
- b) Where more than one person has parental responsibility, each may independently make a Subject Access Request on behalf of the Data Subject. There is no obligation to inform any other person holding parental responsibility that access has been sought.
- c) Young people have the right to refuse to allow parental access and so may need to be consulted if such a request is received. Consideration should be given as to why the minor is not making the Subject Access Request on their own behalf. In any event, Personal Data should be withheld if either (i) it was provided by the child in the expectation that it would be not disclosed to the Applicant; or (ii) it was obtained through an examination or investigation consented to on that basis; or (iii) where the child has expressly indicated such Personal Data should not be disclosed.

### **6.17 When the patient has mental impairment**

#### **6.17.1 Requests by person appointed by a court**

Under common law, there is the presumption that a person seeking to exercise legal rights has the necessary legal capacity to do so. Where the Data Subject is incapable of managing his or her own affairs, a person appointed by a court to manage those affairs may have a right of access to the Data Subject's Personal Data. The specific requirements of the court order or the power of attorney should be considered carefully and followed. The Mental Capacity Act 2005 has enabled Independent Mental Capacity Advocates to act on behalf of a patient lacking mental capacity and may be conferred the right to access personal information through Subject Access Requests.

#### **6.17.2 Requests by others**

At the NHS organisation, where Data Subjects are patients, all their Personal Data is likely to be confidential. Therefore, any decision to disclose confidential Personal Data outside of Subject Access Requests must be justified on the grounds that there is a court order or statutory provision requiring disclosure, or, exceptionally, because the public interest requires it, and in any event in compliance with the GDPR. Access should be restricted to the information necessary.

Such requests should be dealt with in liaison with the Information Governance Manager, Caldicott Guardian, or other responsible Trust manager (e.g. Safeguarding Children / Safeguarding Adults leads).

### **6.18 Patients Living Abroad**

Under the GDPR, former patients now living outside of the UK have the same rights to apply for access to their UK health records. A request for access to health records will be treated in the same way as a request made from within the UK.

### **6.19 Access to Staff Personal Records - Please see separate policy 'Staff Access to Personal Records'.**

## 7. TRAINING REQUIREMENTS

The Information Governance Manager has overall responsibility for maintaining training and awareness of data protection issues for all staff. However, the Trust Caldicott Guardian is also able to provide advice on the sharing of, and access to, patient identifiable information.

Information Governance training is mandatory and all new starters must receive IG training as part of their corporate induction.

All staff members are required to undertake accredited Information Governance training as appropriate to their role. The preferred method is through the Trust's Essential Skills Handbook (ESH) and the associated e-assessment in the Electronic Staff Record (ESR).

Information Governance training must be completed on an annual basis.

The Health Records Library Manager is responsible for the training of staff who have responsibility for the processing of Health Records SAR.

## 8. REFERENCES AND ASSOCIATED DOCUMENTATION

*Confidentiality – NHS Code of Practice*

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4069254.pdf?bcsi\\_scan\\_587D43807B96E3A7=0&bcsi\\_scan\\_filename=dh\\_4069254.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4069254.pdf?bcsi_scan_587D43807B96E3A7=0&bcsi_scan_filename=dh_4069254.pdf)

*The General Data Protection Regulation (EU) 2016/679*

Access to Health Records Act 1990

<http://www.legislation.gov.uk/ukpga/1990/23/contents>

The Mental Capacity Act 2005

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

## 9. WHEN THINGS GO WRONG

While the Trust will make every effort to comply with the appropriate legislation and meet its duty to respond to a subject access application appropriately circumstances may arise where an applicant feels this is not the case.

Any concerns about the way the Trust has handled an application should be raised with the Information Governance Manager in the first instance. Contact can be made via:

Information Governance Manager  
Portsmouth Hospitals NHS Trust  
Room 2.03 Top Floor  
De La Court House  
Queen Alexandra Hospital  
Southwick Hill Road  
Cosham, Portsmouth  
Hampshire PO3 6LY

If the matter cannot be resolved internally, as outlined above, applicants can make a complaint to the Information Commissioner. The Information Commissioner's Office (ICO) is responsible for regulating the conduct of data controllers and will investigate and make an assessment following the receipt of a complaint. The Information Commissioner can be contacted as follows:

ICO

Wycliffe House  
Water lane  
Wilmslow  
Cheshire  
SK9 5AF  
[www.ico.org.uk](http://www.ico.org.uk)  
Tele: 0303 123 1113

## 10. EQUALITY IMPACT STATEMENT

Portsmouth Hospitals NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy has been assessed accordingly.

Our values are the core of what Portsmouth Hospitals NHS Trust is and what we cherish. They are beliefs that manifest in the behaviours our employees display in the workplace.

Our Values were developed after listening to our staff. They bring the Trust closer to its vision to be the best hospital, providing the best care by the best people and ensure that our patients are at the centre of all we do.

We are committed to promoting a culture founded on these values which form the 'heart' of our Trust:

**Respect and dignity**  
**Quality of care**  
**Working together**  
**Efficiency**

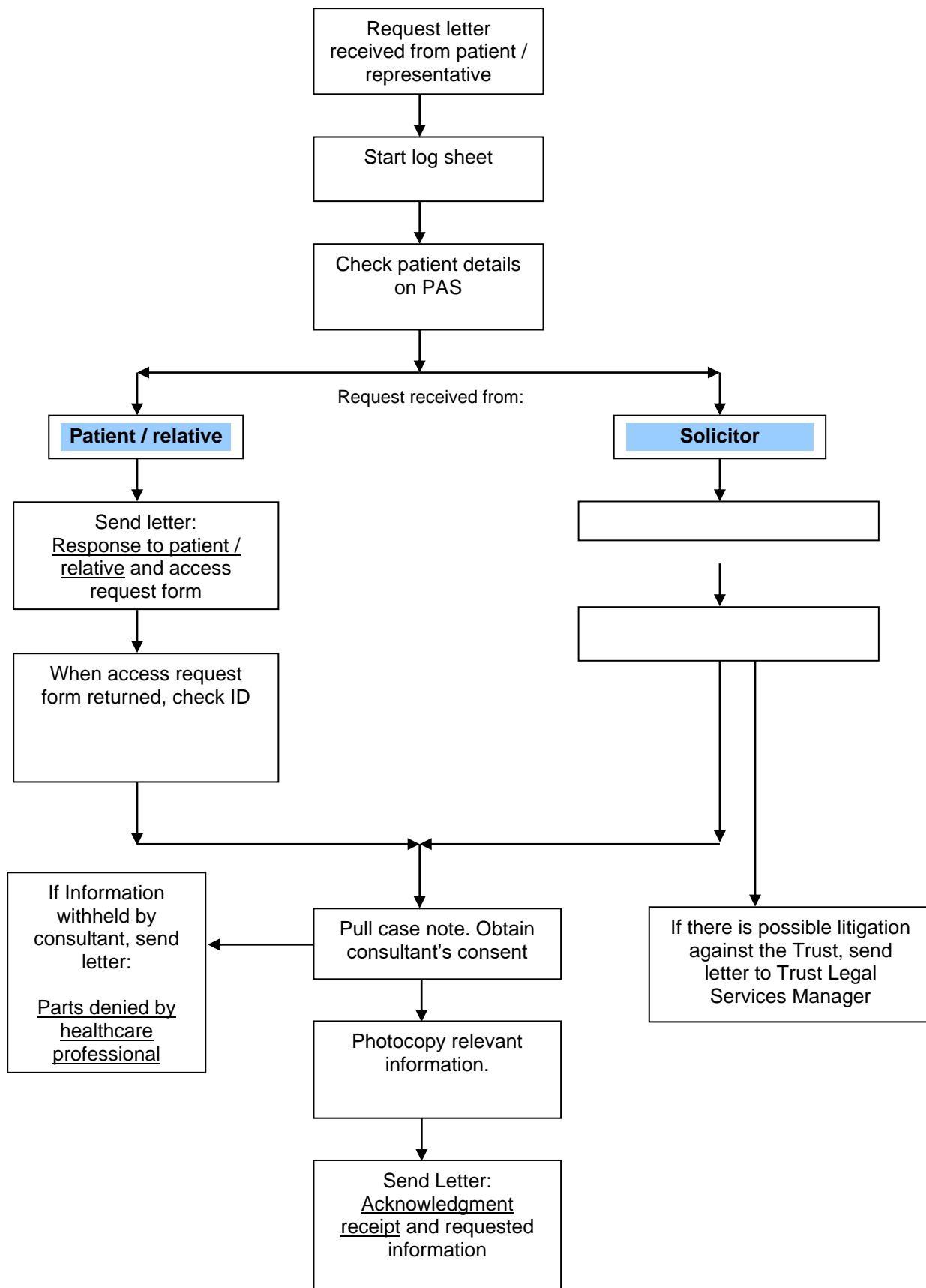
This policy should be read and implemented with the Trust Values in mind at all times.

## 11. MONITORING COMPLIANCE WITH PROCEDURAL DOCUMENTS

This document will be monitored to ensure it is effective and to assure compliance.

Minimum requirement to be monitored	Lead	Tool	Frequency of Report of Compliance	Reporting arrangements	Lead(s) for acting on Recommendations
Performance in managing Subject Access Requests	Health Records Service Manager	Reports to the Information Governance Steering Group	Twice yearly	In line with Information Governance Steering Group reporting schedule	Health Records Service Manager
Patient Satisfaction Surveys, which look at patients' awareness of their rights under the Data Protection Act (including subject access)	Information Governance Manager	Patient Survey	Ongoing	Annual report – results reported in to the Information Governance Steering Group	Information Governance Manager
Staff awareness of patient rights under the Data Protection Act (including subject access)	Information Governance Manager	IG Compliance Monitoring Tool	Twice yearly	Within "Information Governance Management" reports to the Information Governance Steering Group	Information Governance Manager / CSC Information Governance Leads

## APPENDIX 1: Patient Access to Health Records Flow Chart



## APPENDIX 2: Patient Subject Access Application form

### Application for Copies of Patients' Health Records

Under the General Data Protection Regulation (EU) 2016/679 (living individuals)  
and Access to Health Records Act 1990 (deceased individuals)

**PLEASE COMPLETE IN BLOCK CAPITALS AND DARK INK**

#### 1. The Patient

<b>SURNAME</b>		<b>PREVIOUS NAME</b> <i>(if applicable)</i>	
<b>TITLE</b> <i>(Please tick correct title)</i>	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/> MS <input type="checkbox"/>
<b>FORENAME(S)</b>			
<b>DATE OF BIRTH</b> <i>DD/MM/YY</i>			
<b>HOSPITAL NUMBER</b> <i>(if known)</i>		<b>NHS NUMBER</b> <i>(if known)</i>	
<b>CURRENT ADDRESS</b>		<b>PREVIOUS ADDRESS</b>	
<b>TELEPHONE NUMBER</b>		<b>MOBILE TELEPHONE NUMBER</b>	

Please tick if you are the patient and go straight to section 3

**2. Completion by the applicant (if different from the patient)**

<b>SURNAME</b>			
<b>FORENAME(S)</b>			
<b>DATE OF BIRTH</b> <i>DD/MM/YY</i>			
<b>CURRENT ADDRESS</b>			
<b>TELEPHONE NUMBER</b>		<b>MOBILE NUMBER</b>	

**3. Is this request in pursuance of a clinical negligence claim against Portsmouth Hospitals NHS Trust? (This does not include Health Insurance Claim or a complaint or claim against a third party)**

<i>(Please tick as appropriate)</i>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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**4. Declaration *(please tick as appropriate)***

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



I declare that the information given by me is correct to the best of my knowledge. I am entitled to apply for access to the requested health records under the terms of the General Data Protection Regulations (EU) 2016/679 for living persons (and under the terms of the Access to Health Records Act 1990 for deceased individuals) and that:

Please

Tick

A	I am the patient and I attach two proofs of my identity	
B	I have been asked to apply by the patient and attach the patient's written informed consent	
C	The patient lacks capacity to understand the request and I attach evidence that I am acting for the patient, e.g. Lasting Power of Attorney for Health, Independent Mental Capacity Advocate (MCA)	
D	The patient is under the age of 16 years, I am the parent or acting in place of the parent and I attach the patient's written authorisation	
E	The patient is under the age of 16 years and lacks the capacity to understand the request. I attach evidence that I am the parent or acting in place of the parent	
<b>For requests relating to deceased patients' records</b>		
F	Please state the reason for the application	
G	I am the deceased patient's personal representative and I attach confirmation of my appointment	
H	I have a claim arising from the patient's death and wish to access information relevant to my claim and I attach evidence of this. There is no definition of what will be classed as a claim and the Trust will consider each request on a case by case basis. In order to assist the Trust, please provide as much information as possible relating to the claims and its circumstances in this space:	

	<p><i>Please continue on a separate piece of paper if necessary</i></p>	
--	---	--

Signature .....

Date.....

**Print**

**Name:**

---

### 5. Patient Consent / Proof of Identity of the Patient / Applicant

The Trust is not obliged to comply with a request until we receive sufficient information to identify the patient and the applicant (if different) and to locate the information held. Please see page 5 of this form for acceptable "Proof of Identity Documents". We may come back to you for additional information if you have not provided enough evidence explaining why you have a legitimate reason to apply for copies of someone else's health record.

### 6. Details of Information Requested?

In order for us to identify exactly what information to provide from the health records it would be helpful if you could complete the table below in as much detail as possible to identify the period(s)/episode(s) of care that you wish to obtain information about.

Period Covered (From and To)	Hospital Attended	Ward/Department/ Speciality	Consultant (If Known)	Diagnosis/ Reason for Visit

Please tick this box if you would like the x-rays included ( <i>provided on a CD</i> )				

☐

To assist further here are a few boxes to help us locate the relevant information. Please tick the relevant box(s) if you attended any of the following departments and require these to be included as these departments hold independent records which are stored separately to the main health record.

A&E		Audiology		Critical Care	
Disablement Services		Maternity		Oncology	

<p>I am applying for access to <b>view</b> the health record only</p> <p><i>Please note. Viewing of health records is facilitated by the relevant department in a supervisory capacity only; therefore they cannot answer any questions or give comments on the content of your health record during the viewing.</i></p>
<p>I am applying for a copy of the health record only</p>

☐
☐

## 7. Sending Options

Currently we can only provide these records by secure signed post

**Please return completed form to the address on the accompanying letter**

**OFFICAL USE ONLY****1. Proof of identity Documents Received (please list)**

Signed		Date	
PRINT NAME			
<b>2. Date copies provided to applicant</b>			
Signed		Date	
PRINT NAME			

### Proof of Identity Documents

Applicant	Typical Minimum Proof
Patient	<ul style="list-style-type: none"> <li>• Copy of passport, driving licence or birth certificate, and</li> <li>• A photocopy of a utility bill dated within the last 3 months</li> </ul>
Representative of patient (e.g. relative, carer)	<p>One of the following:</p> <ul style="list-style-type: none"> <li>• Informed consent of patient</li> <li>• Copy of Lasting Power of Attorney</li> <li>• Evidence of appointment as Independent Mental Capacity Advocate (IMCA)</li> </ul> <p><b>and</b> the following:</p> <ul style="list-style-type: none"> <li>• Two proofs of identity from patient's representative</li> </ul>
Mother of a child patient	<p>One of the following:</p> <ul style="list-style-type: none"> <li>• Mother's name on child's birth certificate</li> <li>• Mother's name on child's adoption certificate</li> </ul> <p><b>and</b> the following:</p> <ul style="list-style-type: none"> <li>• Two proofs of identity from the mother</li> </ul>
Married biological father of child patient	<ul style="list-style-type: none"> <li>• Marriage certificate</li> <li>• Father's name on the child's birth certificate</li> </ul> <p><b>and</b> the following:</p> <ul style="list-style-type: none"> <li>• Two proofs of identity from the father</li> </ul>
Unmarried biological father of child born before 01/12/2003	<ul style="list-style-type: none"> <li>• Father's name on the child's birth certificate</li> <li>• Court order granting the father parental responsibility</li> <li>• Copy of a parental responsibility agreement signed by both parents</li> </ul> <p><b>and</b> the following:</p>

	<ul style="list-style-type: none"> <li>Two proofs of identity from the father</li> </ul>
Unmarried biological father of child born on or after 01/12/2003	<p>One of the following:</p> <ul style="list-style-type: none"> <li>Father's name on child's birth certificate</li> <li>Court order granting the father parental responsibility</li> <li>Copy of a parental responsibility agreement signed by both parents</li> </ul> <p><u>and</u> the following:</p> <ul style="list-style-type: none"> <li>Two proofs of identity from the father</li> </ul>
Stepfather married to biological mother of child patient	<ul style="list-style-type: none"> <li>Marriage certificate</li> <li>Birth certificate of child</li> <li>Final adoption papers from Court</li> <li>Written agreement from child's biological father, submitted to court</li> </ul> <p><u>and</u> the following:</p> <ul style="list-style-type: none"> <li>Two proofs of identity from the father</li> </ul>
Personal Representative of deceased patient i.e. executor or administrator of estate	<p>One of the following:</p> <ul style="list-style-type: none"> <li>Copy of the deceased's will</li> <li>Copy of Probate</li> </ul> <p><u>and</u> the following:</p> <ul style="list-style-type: none"> <li>Two proofs of identity of the personal representative</li> </ul>
Person who may have a claim arising from the patient's death	<ul style="list-style-type: none"> <li>Evidence supporting claim</li> <li>Two proofs of identity of the applicant</li> </ul>
Person requesting copies of deceased patient's records who does not fall into either of the above two categories	<ul style="list-style-type: none"> <li>Two proofs of identity of the applicant</li> <li>Relationship with the deceased patient</li> <li>Reason for the request</li> <li>Where possible, the specific parts of the health record required</li> </ul>

## APPENDIX 3: SAR Acknowledgement Letter

Medico Legal Department  
Units 2/3 Mitchell Way  
Airport Service Road  
Portsmouth  
PO3 5PR  
Tel: 023 92 681160

Date:

Dear

Thank you for your correspondence with reference to your application for access to personal information.

If your request is for main hospital casenotes, we can confirm your request will be dealt with by this department within the 30 day period set out in the General Data Protection Regulations (GDPR) 2016/679

Before this 30 day period continues, the law allows us to firstly take reasonable steps to establish and confirm your identity before providing any such personal information, in order to maintain confidentiality.

I shall be grateful therefore if you would provide a copy of your:

1. Driving licence, passport or birth certificate, with additional proof of address, e.g. a utility bill or medical card.

Secondly, in order to enable us to search for the records you have requested we require some additional details and would ask that you fill in the attached application form and return it to us.

In accordance with the GDPR we wish to inform you that details of your request may be used to comply with your request and for management and audit purposes.

Yours faithfully

Medico Legal Team  
Enc: Access Request Form

### EQUALITY IMPACT SCREENING TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval for service and policy changes/amendments.

Stage 1 - Screening			
<b>Title of Procedural Document:</b> Patient Access to Personal Records Policy			
<b>Date of Assessment</b>	04.06.2018	<b>Responsible Department</b>	Information Governance
<b>Name of person completing assessment</b>	Emile Armour	<b>Job Title</b>	Information Governance Manager
<b>Does the policy/function affect one group less or more favourably than another on the basis of :</b>			
	<b>Yes/No</b>	<b>Comments</b>	
• Age	No		
• Ethnic Origin (including gypsies and travellers)	No		
• Gender reassignment	No		
• Pregnancy and Maternity	No		
• Race	No		
• Sex	No		
• Religion or Belief	No		
• Sexual Orientation	No		
• Marriage or Civil Ceremony	No		
<b>If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2</b>			
More Information can be found be following the link below <a href="http://www.legislation.gov.uk/ukpga/2010/15/contents">www.legislation.gov.uk/ukpga/2010/15/contents</a>			