

UK DATA PROTECTION ACT 2018 & EU GENERAL DATA PROTECTION REGULATIONS

ACCESS TO DECEASED PATIENT RECORDS (UNDER ACCESS TO HEALTH RECORDS ACT 1990)

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

Who can make a request for access to personal information?

Patients, employees and others who have a relationship with the Trust, have a right under the UK Data Protection Act 2018 (DPA 2018) and EU General Data Protection Regulations (GDPR) to access personal data about themselves.

There are certain circumstances where individuals may request to have access to another person's records:

- Normally a person with parental responsibility will have the right to apply for access to their child's health record. However, we will give careful consideration to the duty of confidentiality owed to the child. This is because even some very young children have the capacity and understanding to make a decision about access to their personal information. Therefore the final decision to provide access will be made by those involved in the health care of the child. Proof of entitlement and ID is outlined on the Request Form.
- For patients who may lack mental capacity to make their own decisions and also to apply for access to their own records, the Act does allow certain other individuals a right of access. However, in order to protect these patients, there are strict requirements which must be met. Again this form of protection is outlined on the Request Form.
- Consent from the individual may be given for another person/representative to make a request to access his/her records; again certain requirements need to be met before we can provide access.
- In some circumstances the records of deceased patients can be accessed by the person's personal representative

What you can expect to have access to

It is expected that you will be able to have access to copies of all of your records. However, there are occasions when this may not be possible under these legislations. In brief, this could be because the release of the record may;

- Cause serious harm to your physical or mental health or any other person, or;
- Disclose information relating to (or have been provided by) another person not involved in your care and who has not consented to the disclosure

If this is the case, that element of the record will be obscured or redacted to ensure that the above legislations are strictly adhered to.

What you need to do

You may submit a request in writing (your request does not need to be in a particular format although most requesters find the following application useful) or verbally. You will also need to provide proof of your ID and/or proof of entitlement.

Please note that the Trust is obligated to comply with requests 'promptly' and in any event within 1 calendar month of the date on which the request is received by the correct responsible officer. Any delays in getting the required information will be notified by return post to the address given on your form.

REQUEST FOR ACCESS TO MEDICAL RECORDS UNDER THE UK DPA 2018, EU GDPR 2018 & THE UK AHRA 1990 (FOR DECEASED PATIENTS) Personal information provided in this form is required to enable your request to be appropriately processed in accordance with the above, and will only be used in conjunction with this request	
SECTION 1 – Contact Details Of Person Making The Request	
Family name:	First name:
	Title: Dr / Mrs / Miss / Ms / Mr / Master / Other
Current Address (including postcode):	Telephone contact number:
If you are not the person to whom records relate please state relationship to person:	
SECTION 2 – Details Of Person To Whom The Records Relate	
Family name if other than above :	First name:
	Title: Dr / Mrs / Miss / Ms / Mr / Master / Other
Other names by which known e.g. when changed by marriage:	Date of Birth:
Address at time of treatment/ contact with the Trust (including postcode, if different):	NHS number if known (or payroll number for staff):
Please tick as appropriate: <input type="checkbox"/> I am the patient/service user to whom the records relate <input type="checkbox"/> I have the patient's consent <input type="checkbox"/> I have parental responsibility for the patient (see note on page one) <input type="checkbox"/> The patient is incapable of managing their own affairs	Please tick as appropriate (details are on the checklist at the end of the request form): <input type="checkbox"/> I have attached ID as per the checklist <input type="checkbox"/> I have attached evidence of consent/authority
SECTION 3 – Details Of Records Required	
Name of hospital(s) at which care/treatment received and/or departments you have had contact with:	Records required, e.g. physiotherapy/ nursing notes. It will help us to locate the records if you can give us as much information as possible:
Dates Of Records Required - (If Requiring All BSUH Manual Records Held, Please State)	

Section 4 – Format In Which Information Is To Be Provided

Please ensure you tick only **ONE** option, as appropriate:

- I wish to view the records (*BSUH will contact you to make an appointment to view on-site*)
- I require hardcopies of the **SPECIFIED** BSUH manual records (*see section 3*)
- I require copies of **ALL** BSUH Medical Health manual records (incl. x-rays) on encrypted discs
- I require **ONLY** copies of x-rays & imaging (including MRI, CT etc.) on an encrypted disc

SECTION 5 – PROOF OF IDENTITY – please supply copies of either;

- 1 item from list A & 1 from list B, or,
- 3 items from list B (At least 1 item must show current name & registered address), or,
- a copy of a letter from a solicitor (please tick list C)

LIST A

- Valid passport – any nationality
- UK birth certificate (issued within 12 months of date of birth)
- UK issued driving licence (paper licences dated prior to 2000 are not acceptable)
- EU photo identity card (EU countries only)
- Home Office residence permit to EU nationals
- HM forces ID card
- Current UK Firearms licence

LIST B

- Birth certificate
- Work permit/visa (within last 12 months)
- Certificate of British nationality
- Credit/store card/mail order statement (within last 3 months)
- Bank/building/mortgage society statement (within last 3 months)
- Utility bill (within last 3 months)
- Local authority rates/tax bill
- Entitlements of Benefits (within last 12 months)
- Financial statement e.g. pension, ISA
- Confirmation from an electoral register search that a person of that name lives at that address
- Vehicle Registration document
- National Insurance card
- P45/P60 statement (within last 12 months)
- Addressed payslip (within last 3 months)
- Marriage certificate (if still current)
- UK NHS card
- TV licence (within last 12 months)
- Court claim form (within last 12 months)
- Exam certificate e.g. GCSE, NVQ

LIST C

- Letter from solicitor (it is assumed that the solicitor will have verified your ID before acting on your behalf)

**Section 6 – Proof Of Entitlement To Have Access To Another Person’s Records
(Please Complete As Appropriate)**

Own record request:

- No proof required

Request for access to another living person’s record:

- Letter of consent and copy of ID (see section 4)

Mental Capacity request:

- Enduring Power of Attorney
- Court Order
- Appointed Receiver

Parental responsibility request:

- Proof of parental responsibility e.g. Court Order if parents are divorced, Adoption papers, or any other relevant documents

Deceased Patient’s records:

- Section of will naming you as Executor
- Copy of Grant of Probate

- Copy of letters of administration
- Other legal evidence showing entitlement e.g. letter from solicitor outlining details of a claim

Section 7 – Your Declaration:

I declare that the information given by me on this form is correct to the best of my knowledge and that I am entitled to apply for access. The copy evidence I have provided is an exact copy of the original document. I understand that providing a false representation is a prosecutable offence under sections 2 & 6 of the UK Fraud Act 2006.

Signed:

Dated:

Section 8 – Return Of The Completed Form, ID And Evidence

Please return the completed form and your copy documents to:

Information Governance Office

Princess Royal Hospital

Lewes Road

Haywards Heath

West Sussex RH16 4EX

☎ 01444 441881 Extension 5620 / 4186 / 8013

REMINDER:

If you are requesting your own data, include copies of: a personal identifier from list A (e.g. passport, DVLA) and 1 from list B (e.g. utility or financial bill), or, 3 items from list B.

If you are acting on behalf of the individual: copies of evidence that you have the right to act on the person's behalf (e.g. written consent, evidence of parental responsibility, copy of lasting power of attorney)

PLEASE DO NOT SEND ORIGINAL DOCUMENTS

Any Other Relevant Notes For The Subject Access Request Team;