

Form for requesting Access to Patient / Client Records

Under the UK General Data Protection Regulation (UK GDPR)

(Please complete application form in BLOCK CAPITALS and BLACK PEN)

I am requesting access to (please tick as appropriate) :-

1. my own personal record. Please complete sections **A, C, D & E** ☐
2. records belonging to another living individual. Please complete sections **A, B, C, D & E** ☐

(Deceased Patient healthcare records: please note that access to a deceased person's healthcare records is dealt with under different legislation and a separate process. Such access is restricted to those with the appropriate legal authority. See the separate 'Access to Deceased Patient Records Application Form' for more details on entitlement and how to apply)

NOTES:

- You have the right to request a copy of your own personal information that is held by the Trust, or to authorise someone else to make a request for you. This is known as making a 'subject access request' or SAR. Completing this standard form will make it easier for us to deal with your SAR. Further details can be found on the Information Commissioner's website at this link: <https://ico.org.uk/your-data-matters/your-right-to-get-copies-of-your-data/>
- Access to personal information of a living individual is provided free of charge. However, under the terms of the UK GDPR, the Trust reserves the right to charge a fee or to refuse to respond to a request that is manifestly unfounded or excessive. For this reason please ensure your request for information is as concise and focused as possible. We will contact you if we require further details about your request.
- Repeat requests for information already provided will only be processed in exceptional circumstances. The Trust reserves the right to charge a fee for a repeat request.
- The UK GDPR allows up to 90 days for providing a response to complex requests. Please note that as requests for medical and social work records require review by a clinical / social care professional staff, the majority of requests will be deemed to be complex and will take up to 90 days to respond to. Any requests that are not deemed to be complex will be responded to within 30 days.
- To allow us to validate and process your request, it is important that you complete ALL relevant sections of this Form and provide all necessary documentation, including proof of your identity and address. The timeframe for processing a request will not commence until your request has been validated.

- Acceptable proof of identity includes, for example, a copy of your passport, driving licence, Translink Senior Citizen Smart Pass, electoral card, birth certificate or medical card. Where your ID documents do not contain your current address we may ask you to verify this.

SECTION A – Details of the person the records relate to:

Surname:		First name(s)	
Date of Birth:		Former name:	
Current Address:			
Post Code:		Tel. Number:	
Any Previous address:			
Hospital / Healthcare Number (if known):			

SECTION B – Details of the person requesting the records *(if different from section A above)*

Surname:		Forename(s):	
Applicant's Address:			
Post Code:		Tel. Number:	
Email Address:		Please note all email correspondence sent by the Trust will be sent via an encrypted email service, for which you will have to register and set up a password to access.	
Relationship to the named Patient / Client:			

SECTION C – Details of the record(s) you wish to access

Name of hospital, ward, clinic or community service:	
Type of Service(s) Received:	

Date(s) of treatment or service provided (i.e. from / to):	
Doctor / Health Professional / staff seen (if known):	

SECTION D – Authorisation and Proof of Identity.

In all cases a form of identification is required and must be provided with completed applications.

(Acceptable forms of proof of identity are, for example, a copy of your passport, driving licence, Translink Senior Citizen Smart Pass, electoral card, birth certificate or medical card).

Please also select 1, 2, 3 or 4 from the following options; (if 4, please also select further criteria)

- ☐ **1) I am the patient** and enclose proof of my identity (copy or original ID documents)
- ☐ **2) I have parental responsibility** however the child **is capable** of understanding this request and I attach their written consent allowing me to access their personal information on their behalf
- ☐ **3) I have parental responsibility** and the child named above **is NOT capable** of understanding this request or consenting to the release of his/her records. I am acting in his/her best interests.
- ☐ **4) I am acting as an advocate on the patient's / client's behalf and confirm that either:**
- ☐ The patient / client **is an adult and capable of understanding this request** and has asked that I act on their behalf. Their written signed consent is enclosed along with a copy of ID for myself and for the patient/client
- ☐ The patient/client **is an adult and NOT capable of understanding the request**. I confirm that I am acting on their behalf and in their best interests. I understand that capacity will be checked with relevant health / social work professional(s) and records will only be disclosed if, in the opinion of the relevant professional, it is in the patient's / clients best interests. If approved, I understand that any access provided will be limited to information that will meet the needs of the patient/client.

SECTION E – DECLARATION

- I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the records / information referred to.
- I understand that applications received without the necessary ID / consent / legal documentation will not be processed and will be returned.
- I understand that the Trust is no longer responsible for the security and confidentiality of any patient / service user records which have been photocopied and supplied to me. I confirm I will take all necessary steps to keep secure any information contained in those records and will dispose of the records by confidential means when they are no longer required.

Applicant's signature:_____ **Date:**_____

Return the completed and signed subject access form along with supporting documents to:

**Return the completed and signed Form along with all supporting documents and ID to:
the relevant department detailed on the next page.**

List of Departments Dealing with Requests for Access to Records

HOSPITAL / COMMUNITY							
DIRECTORATE	SERVICE AREA	Ulster Hospital	Bangor Hospital	Ards Hospital	Lagan Valley Hospital	Downe Hospital	Downshire Hospital
HOSPITAL SERVICES <i>Acute Hospital Records</i>	<i>Health Records</i>	Medical Records Dept, Ulster Hospital Dundonald Belfast BT16 1RH Tele: (028) 95 988094 Access.RecordsAcute@setrust.hscni.net					Not applicable
	<i>Maternity</i>						
	<i>Radiology</i>	Radiology Department, Ulster Hospital Dundonald Belfast BT16 1RH Tele: (028) 9055 0477		Radiology Department Lagan Valley Hospital Hillsborough Road Lisburn BT28 1JP Tele: (028 92 665141)		Radiology Department Downe Hospital Struell Wells Road Downpatrick BT30 6RL	
	<i>Emergency Department/Minor Injuries Departments</i>	ED Office Ulster Hospital Dundonald Belfast BT16 1RH Tele: (028) 90561423		ED Office Lagan Valley Hospital Hillsborough Road Lisburn BT28 1JP Tele: 028 92 665141		Downe Urgent Care Centre DUCC Medical Legal 2 Struell Wells Road Downpatrick BT30 6RL Tele: (028) 4483 8246	

ADULT SERVICES <i>Mental Health Records</i>	<i>Outpatient/ Addiction Services/ Mental Health Services Older People Services</i>	TPDPS & SARs Project Manager Downshire Hospital, Ardglass Road, Downpatrick. BT30 6RA Tel: 02844 513926 Option 3 <u>SARS.MHMedicalRecords@setrust.hscni.net</u>
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HOSPITAL / COMMUNITY		LOCATION					
DIRECTORATE	SERVICE AREA	Ulster Hospital	Bangor Hospital	Ards Hospital	Lagan Valley Hospital	Downe Hospital	Downshire Hospital
PRIMARY CARE & ELDERLY SERVICES	<i>GP Out of Hours</i>	Not Applicable	Not Applicable	GP Out of Hours Ards Hospital Tele: (028) 91 822344	Out of Hours Manager Lagan Valley Hospital Hillsborough Road Lisburn BT28 1JP Tele: (028) 9251 0273 or 510272		Not Applicable
<i>Primary /Community Care Records</i>	<i>Physiotherapy</i>	Information Governance Dept Lough House Ards Hospital Newtownards, BT23 4AS Tele: (028) 9151 2210 informationgovernance@setrust.hscni.net					
	<i>Podiatry</i>						
	<i>Dental</i>						
	<i>Psychology</i>						
	<i>Social Services</i>						