

APPLICATION FOR ACCESS TO HEALTH RECORDS (Data Subject Access Request)

Notes for Applicants

Please note Access to Health Records Act 1990 still applies in the case of access to the health records of deceased patients. To make an application under this Act please use form Access to Records Form Deceased.

Applying for access or a copy of health records

Please complete the details requested on this form and return to the relevant department shown below.

In the first instance, you may wish to consider viewing your records to decide whether you want to have copies made. This can be done by making an appointment with one of our teams via the contacts below.

Please note that you are making an application on behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.

Charges

A standard administration fee of £10.00 is made under the Act for access to your record unless your record has been added to or amended in the last 40 days. In this situation, access is free of charge but there may be charges for copies.

Please make cheques or Postal orders payable to Northumbria Healthcare Foundation Trust. *Please do not send cash.*

If you would like photocopies of the records you will be informed in advance of any extra charges incurred. Current charges are 31p per paper copy, plus postage. X rays are charged at £10 per film copied or £40 blanket charge, whichever is the smaller.

Please do not send payment with this form if your request is for health/hospital records as an invoice will be sent to you when the application has been processed.

If you require health records/hospital records

Please return the completed form to:

Medico-Legal Officer, Health Records Department, Northumbria Healthcare NHS
Foundation Trust, Northumbria House, Silver Fox Way
Cobalt Business Park, Newcastle upon Tyne, NE27 0QJ
Tel: 0191 2031452 Fax: 0191 2031473

If you require any other records such as health visiting, human resources, social care, district nursing, psychological therapies etc.

Please return the completed form and £10 fee to:

Information Governance Team, Computer Services Department, Northumbria
Healthcare NHS Foundation Trust, Northumbria House, Silver Fox Way
Cobalt Business Park, Newcastle upon Tyne, NE27 0QJ
Tel: 0191 2031301 Fax: 0191 2934283

When the information will be released

The Trust will deal with your request promptly, and in any event the records will be sent to you within 40 days of receipt of your accurately completed form and your fee. If we encounter any difficulties in locating your data we will keep you informed of our progress.

Amending information within your record

Individuals do not have a right to have professional opinions or judgments deleted from the record, unless the entry is factually incorrect. However, if you disagree with any content of the record, you can ask to have a statement added to reflect your opinions. You are entitled to a copy of what has been added

Important Information

All documents are sent by Royal Mail recorded delivery and from Monday 1st October 2012 following Ofcom approval, the Royal Mail introduced "Delivery to a neighbour" which includes recorded delivery items. If you do not wish your mail to be delivered to a neighbor in your absence, please contact us to make arrangement to collect your documents in person.

Office Use: DPA Ref	
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Northumbria Healthcare 

NHS Foundation Trust

**Data Protection Act 1998
(Subject Access Request Form)**

Section 1: Particulars of Person whose information is requested.

Title		Surname	
Maiden Name		Forename(s)	
Date of Birth	____/____/____	Sex	Male / Female
Address			
	Postcode		
Telephone/contact number			

If name and/or address were different from the above during the period(s) to which your application relates, please give details:

Previous name(s)	
Previous Address	
Dates from / to	

Section 2: Required Information

Please provide as much information as possible. Give full details of all the periods you are interested in. Please add any additional comments below.

Hospital/NHS Number or any relevant reference number if known	
Department/Service	
Doctor/specialist if known/applicable	
Approximate dates required	From ____/____/____ To ____/____/____
Any other information/details that may assist:	

View only – at the Trust alongside a professional (£10.00 access fee)	<input type="checkbox"/>
A full copy of your records/personal file (£10.00 + Photocopying charges if applicable. An invoice will be sent to you when the application has been processed.)	<input type="checkbox"/>
A particular section/s of your personal file/personal information (Please specify which section/s) (£10.00 fee)	<input type="checkbox"/>

Section 3: If applying on behalf of the data subject please complete

Title		Surname	
Maiden Name		Forename(s)	
Address			
	Postcode		
Telephone/contact number			

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 referred to above under the terms of the Data Protection Act 1998.

Please delete as appropriate:

- * I am the data subject.
- * I am the parent/guardian of an individual under 16 years old who has completed the authorisation (Section 3).
- * I have been asked to act by the data subject and attach their written authorisation who has completed the authorisation (Section 3).
- * I am acting in loco parentis as the data subject is incapable of understanding the request and has consented to my making this request. I have completed the authorisation (Section 3) and attach my authorisation.

Signed: _____ Date: _____

As proof of identity you will need to include a copy of your driving license, passport, birth certificate or a utility bill. Your request cannot be actioned without this evidence.

We would suggest that you send any confidential documents by recorded delivery as the Trust cannot be held liable for any items lost in the post.

Official use only

Fee (£10) received/not appropriate Signed _____ Date _____
Health professional advising _____
(Name)

Access provided on (date) _____/_____/_____

Further action:	Corrections requested	Yes/No
	Applicant notified outcome	Yes/No
	Copies provided	Yes/No
	Copying fee (£_____)	Yes/No
	Postage (£_____)	Yes/No
	Comments	