

## Application For Access To Health Records (DPA - Subject Access Request)

### Information For Applicants

1. For access to the records of living patients The Data Protection Act 1998 became effective from 1st March 2000, and superseded the Data Protection Act 1984 and the Access to Health Records Act 1990. For access to the records of deceased patients The Access to Health Records Act 1990 which came into force on the 1st November 1991 still applies to manual records created from that date.
2. People who can apply include:
  - ❖ the Patient about whom the record has been compiled, or
  - ❖ someone acting on behalf of the patient, for example
    - by written authorisation of the Patient
    - by exercising parental rights – children who are able to understand the nature of the request can apply in their own right or should give consent to parental request. A parent may apply if the child is too young or unable to understand the request.
    - by court appointment
    - a deceased patient's personal representative
    - someone with a claim arising from the death of the patient
3. The fees for access and provision of records are as follows:
 

View only to recent paper records and/or x-rays/scans - where the last entry was within 40 days of the application	free
View only to electronic or manual records (over 40 days)	£10
Provision of a copy of the records only	£35
Provision of a copy of x-rays only (CD only)	£10
Provision of a copy of the records and x-rays	£45
4. You can ask for corrections to the record. The health professional will either make the necessary correction or make a note in the relevant part of the record of the matters which you say are inaccurate. You will be provided with a copy of the correction or note free of charge.
5. We aim to provide access to the records and provide a copy of the record within 40 days of receipt of the completed application form and the fee.
6. If you wish to make a complaint on any aspect of the way in which we have handled your request for access to your health record, you can write to the Chief Executive.
7. **Confidentiality** - Patients have a right to have their personal health information kept confidential and record holders are obliged to be satisfied that an applicant is the patient, or is otherwise entitled to access of that patient's records. This is why we ask that you have your Application Form witnessed by someone who knows you.
8. **Application** – an application under the Act must be in writing. Before returning your completed Application Form and fee (if appropriate), **please ensure that you have signed the Declaration and that a witness has signed the Certification.**

Please send completed application form to:

Mrs Mary Orchard  
Health Records Officer  
Kingston Hospital NHS Trust  
Galsworthy Road  
Kingston Upon Thames  
Surrey KT2 7QB

## Application For Access To Health Records

Data Protection Act 1998 / Access To Health Records Act 1990

**Please complete the application form in BLOCK CAPITALS and BLACK INK.**

### Patient Details

Surname			
Forename(s)			
Date of Birth		Hospital Number	
Address			
Post Code			
Telephone Number			

### Applicant Details (if different from Patient)

Surname			
Forename(s)			
Date of Birth			
Address			
Post Code			
Telephone Number			
Relationship to the Patient			

Please give details below of the episodes of treatment or clinical attendance's for which access to information is requested. If you have a claim arising out of a patient's death, please give details.


I require:

- |                          |  |      |
|--------------------------|--|------|
| <input type="checkbox"/> | View only to recent paper records and/or x-rays/scans - where the last entry was within 40 days of the application | free |
| <input type="checkbox"/> | View only to electronic or manual records (over 40 days)   | £10  |
| <input type="checkbox"/> | Provision of a copy of the records only  | £35  |
| <input type="checkbox"/> | Provision of a copy of x-rays only (CD only)   | £10  |
| <input type="checkbox"/> | Provision of a copy of the records and x-rays  | £45  |

Please tick one option only and make your cheque (if appropriate) payable to  
"Kingston Hospital NHS Foundation Trust"

**Declaration By Applicant** ...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 health record referred to under the terms of the Data Protection Act 1998 / Access to Health Records Act 1990.

Please tick one option only.

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I have been appointed by a court to manage the affairs of the patient and attach confirmation of my appointment
- I have parental responsibility for the patient who is under 16 and they are not capable of understanding the request
- I have parental responsibility for the patient who is under 16 and they have consented to my making this request
- I am the deceased patient's personal representative and attach confirmation of my appointment
- I have a claim arising from the patient's death and have entered details overleaf

**Signature**..... **Date**.....

**Certification** - To be completed by someone able to confirm the identity of the Applicant

I (insert full name) .....

hereby certify that the Applicant (insert Applicant's name).....

has been known personally to me for .....years as (insert capacity e.g. employee, client, patient etc) .....and that I have witnessed the signing of the above declaration.

**Signature**..... **Date**.....

Address .....

.....

Telephone Number .....

We may contact you asking you to confirm the applicant's identity

<i>Office use only</i>	<i>Date</i>		<i>Date</i>
<i>Completed form received</i>		<i>Further Action</i>	
<i>Fee received</i> £10.00 / £35.00 / £45.00			
<i>Patient's written authorisation received</i>		<i>Corrections requested</i> Yes / No	
<i>Confirmation of appointment received</i>		<i>Applicant notified of outcome</i>	
<b>Copies Provided</b>		<i>Amended copy provided</i>	