

DPA Ref No:

**APPLICATION FOR  
ACCESS TO PERSONAL HEALTH DATA  
UNDER THE DATA PROTECTION ACT 1998 (the Act)**



This application relates to data held in **PATIENT MEDICAL RECORDS only** for living individuals (**excluding records held by your GP**). We apologise for any inconvenience in asking you to complete this form relating to your recent request for access to personal health data. However, you will appreciate that health data relating to any individual is highly confidential and that the organisation must ensure that it releases such data only to the person to whom it relates, or to a person authorised to act on his/her behalf. You should study these notes very carefully and refer to them as appropriate when completing the form. Please complete the form as fully and accurately as possible to enable us to locate your information.

The Act gives you the statutory right of access to any health record whether manual (paper) or computerised (a different form must be used for access to a deceased persons' notes). You can authorise someone else to make the application on your behalf and if you have parental responsibilities you may make an application to see your child's notes. In certain circumstances your records or part of your records may be withheld. If this is the case the reason will be discussed with you. Should you require assistance please contact the Health Records Supervisor (details listed below).

If you wish to complain about any aspect of the manner in which your access request was handled, in the first instance you should submit your complaint in writing to:-

Information Governance,  
Central Supplies,  
Colquhoun Street,  
STIRLING, FK7 7PX

and if you are not satisfied with the response you receive you may refer your complaint to an independent arbiter such as the Health Service Commissioner or the Information Commissioner.

You can ask to see your records during your consultation or treatment and this does not constitute a formal application under the Act. However a member of staff is not obliged to agree to your request at this stage. If it is not possible to see your record at this stage or if at any time in the future you decide you want access to your medical records either on computer or on paper you should submit an application using this form. To help locate your information please complete Section 2 as comprehensively as possible.

#### **FEES PAYABLE**

To view within 40 days of record amendment – no charge

To view out with the 40 days of record amendment and/or receive a copy - £10 to maximum of £50

#### **TIMESCALE**

The 40 day timescale commences once the **applicable fee**, calculated from the information recorded on the form, has been paid. If we encounter any difficulties in locating your data we will keep you informed of our progress. For additional security provisions all requested information will have to be collected, unless other arrangements have been agreed, and you will be required to bring with you two forms of identification of which one has to be photographic e.g. passport or driving licence.

#### **SUBMISSION OF FORM**

Please return this form to the nominated individual highlighted in bold (left column) below.

<b>Health Records Supervisor (Legal)</b>	Medical Contracts Officer
<b>Health Records Department Forth Valley Royal Hospital Stirling Road LARBERT, FK5 4WR Email: <a href="mailto:fv-uhb.healthrecs-legal@nhs.net">fv-uhb.healthrecs-legal@nhs.net</a></b>	Primary Care Contractor Services Forth Valley NHS Board, Suite 2 Carseview House Castle Business Park STIRLING, FK9 4SW

**Please contact the appropriate person if you require the following: -**

- a) Further information about the Data Protection Act - NHS Forth Valley's Lead Data Protection Officer
- b) Amendment to inaccurate information - NHS Forth Valleys' Lead Data Protection Officer
- c) Additional information about your access to your personal record - the local Health Records Supervisor

**DATA PROTECTION ACT 1998  
REQUEST FOR ACCESS TO PERSONAL HEALTH DATA**

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

Access to health records is an important matter. The release of certain data may in certain circumstances cause distress. You may wish to consult an appropriate health professional before completing your application.

When completing the form by hand please use Black Ink, electronically please use the tab key to move between sections.

**SECTION 1: PATIENT DETAILS (Note 1)**

<b>Surname:</b>	<b>Date of Birth:</b>
<b>Forename(s):</b>	<b>Sex:</b>
<b>Address:</b>	<b>Telephone (Home): Number</b>
<b>Postcode:</b>	<b>Telephone (Other): Number</b>

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

Previous Surname	1.	2.
Previous Address		
Dates From / to		

**SECTION 2: NHS ATTENDANCES (excluding GP record) (Note 2)**

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

**Location:** *Please tick appropriate box*

<b>Clackmannanshire Community:</b> <input type="checkbox"/>	<b>Falkirk Community:</b> <input type="checkbox"/>	<b>Stirling Community:</b> <input type="checkbox"/>
<b>Forth Valley Royal:</b> <input type="checkbox"/> <b>Other:</b> <input type="checkbox"/> <i>please specify:</i>		

NHS Premises Attended	Ward/Clinic/Dept	Health Care Professional	Dates

<b>Additional Information</b>

**SECTION 3: TYPE OF RECORDS REQUESTED (Note 3)**

Please specify your preference by placing an X in the appropriate sections - please discuss with staff if you are unsure.

Details	Manual (Paper)	Computerised
View original records only	<input type="checkbox"/>	<b>N/A</b>
Requesting copy	<input type="checkbox"/>	<input type="checkbox"/>
View records and receive copy	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4: DECLARATION (Note 4)**

This section of the form must be completed in the presence of the person who countersigns your application.

**Release of Information**

Maintaining the confidentiality and security of personal information is of up most importance to NHS Forth Valley. No copies of information will be sent using external mail unless this has been arranged in advance with the Health Records team and in these circumstances Special Delivery will be used. When collecting information two forms of identification will be required, one should be photographic identification e.g. passport, driving licence, bus pass or national identity card. **Please note:** no information will be released until payment has been received. If payment is not received within 1 month of the invoice, your request will be treated as null and void and a new request will have to be submitted.

**I agree to these terms and will pay the prescribed fee and also acknowledge that until payment has been made to NHS Forth Valley no information will be released.**

<b>Signature:</b>		<b>Date:</b>	
<b>Name: (please print)</b>			
<b>Collection / Delivery Location</b>	Address as detailed in Section 1 <input type="checkbox"/>	Forth Valley Royal Hospital	<input type="checkbox"/>
	Clackmannan Community HC <input type="checkbox"/>	Stirling Community Hospital	<input type="checkbox"/>
	Falkirk Community Hospital <input type="checkbox"/>		

*Please tick appropriate box*

I am the patient named (go to section 7)

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
or

- I am the agent for the patient named who has authorised me on his/her behalf (go to section 6)
- I am the parent/guardian of the patient who is over the age of 12 and under 16 years old and has completed the authorisation section (go to section 6)
- I am the parent/guardian of the patient who is under 16 years old and who is unable to understand the request (go to section 5)
- I have been appointed by the Court to manage the affairs of the patient (go to section 5).

**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 above under the terms of the Data Protection Act 1998.**

**SECTION 5: APPLICANT DETAILS (Note 5)**

To be completed by the person who is applying on behalf of the patient

<b>Applicants Name (please print)</b>	
<b>Address to which reply should be sent</b> (if different from Section 1 inc. Postcode)	
<b>Contact Telephone Number</b>	
<b>Signature of Applicant</b>	

**SECTION 6: AUTHORISATION STATEMENT (Note 6)**

To be completed by the patient.

I hereby authorise NHS Forth Valley to release any Personal Data they may hold relating to me to:  
\_\_\_\_\_ (enter the name of the person acting on your  
behalf) to whom I have given consent to act on my behalf.

Signature of Patient: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7: COUNTERSIGNATURE (Note 7)**

To be completed by the person required to confirm the applicants' identity. **A relative should not countersign.**

I (insert full name): \_\_\_\_\_

Certify that the applicant (insert name): \_\_\_\_\_

Has been known to me as a (insert in what capacity e.g. employee, client, patient etc) \_\_\_\_\_

For \_\_\_\_\_ years and that I have witnessed the signing of the above declaration.

<b>Name:</b> (please print)	<b>Profession:</b>
<b>Address:</b>	<b>Telephone Number:</b>
<b>Postcode:</b>	
<b>Signature:</b>	<b>Date:</b>

**Note:** On receipt of this completed Application Form details of the payment fee will be sent to you in due course by NHS Forth Valley Finance Department

**OFFICAL USE ONLY**

CRN/CHI Number:		Amount Paid:	
Date Request Received		Date sent to Clinician:	
Date Form Sent to Requestor:		Name of Clinician:	
Date Form Returned:		Clinician's Signature:	
Countersignature Checked:		Date returned from Clinician:	
Date Invoice Raised:		Date sent to Requester:	
Date of Fee Payment:		<b>Date access request completed:</b>	

## NOTES TO ASSIST IN THE COMPLETION OF THE FORM

### PERSONAL DATA

Data relating to the individual held (manually or computerised) in medical records, patient administration/information systems, clinical systems, other databases or files.

### HEALTH PROFESSIONAL

An appropriate health professional may include, your Hospital Doctor, Nurse, Midwife or Health Visitor, Dentist, Optician, Pharmacist, Clinical Psychologist, Occupational Therapist, Dietician, Physiotherapist, Podiatrist or Speech and Language Therapist.

### PATIENT DETAILS (Note 1)

This is the person to whom the data relates. Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the required data. This is particularly important if the name and/or address have changed since the period to which the application refers.

### NHS ATTENDANCES (excluding GP records)(Note 2)

Please complete as much of this section as you can. Whether you wish to receive all the data or only to receive information relating to one or more specific episodes of care or treatment it will help us to find your details with the minimum of delay.

### TYPE OF RECORDS REQUESTED (Note 3)

The Data Protection Act 1998 covers both manual (paper) and computerised records. Please indicate which type of record you wish to access. Manual Records includes all your paper health records updated by health professionals. Some information about your care may also be held on computer. This will vary from hospital to hospital so please discuss this when you submit your application.

If you wish to view the original records you will be invited to attend the hospital/clinic at a convenient time in the company of a health professional or appropriate lay person. If you wish to receive photocopies these will, be produced to be collected by you within the allocated timescales specified by the Act.

Where you have only requested a photocopy of the relevant records, the Clinician responsible for your care may invite you to come and discuss them so that the meaning of the information in your record can be explained to you. You are not obliged to accept such an invitation but it would be in your best interests to do so.

### DECLARATION (Note 4)

The person making the application must complete this section.

- a) If you are the patient (see Note 1 above) - tick the first box and sign the authorisation then proceed to Section 7
- b) If you are the Applicant (see Note 5 below), the organisation will require the Patient's authorisation before data can be released. The patient whose information is being requested should be asked to complete the 'Authorisation' section of the form. (Section 6) (The exception is if you have proof of authority - e.g. Power of Attorney/Welfare Guardianship documents – a copy should be provided).
- c) If the patient is a child i.e. under 16 years of age the application may be made by someone with parental responsibilities, in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application his/her consent should be obtained or alternatively the child may submit an application on his/her own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. However, all cases will be considered individually.

### APPLICANT (Note 5)

The Applicant is the person who is applying on behalf of the patient to get access to the records.

### AUTHORISATION (Note 6)

The patient must complete this section authorising the organisation to release information to the named applicant.

### COUNTERSIGNATURE (Note 7)

Because of the confidential nature of data held by the organisation it is essential for us to obtain proof of your identity and your right to receive any relevant data. For this purpose it is essential that your application should be countersigned by any one of the following: a Member of Parliament, Justice of the Peace, Minister of Religion, a professionally qualified person (e.g. Doctor, Lawyer, Teacher), Bank Officer, Civil Servant, Police Officer or a person of similar standing **WHO HAS KNOWN YOU PERSONALLY**. The person who countersigns your application is only required to confirm your identity and witness you signing the 'Declaration'. There is no requirement for this person to see the contents of the rest of the form or to give any assurance that the other particulars supplied are correct. **A relative should not countersign**. You will be asked to produce 2 documentary pieces of evidence of identity when collecting the information, one should be photographic e.g. passport, driving licence, bus pass or national identity card, the other a utility bill e.g. gas or electric bill or council tax.