

Reference No:



Application for Subject Access to Health Records

Please ensure you read the Guidance Note on pages 4 and 5 before completing this form. Please fill in this application form using BLOCK CAPITALS and black ink.

Section 1: Personal details

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

Last name:		First name:			
Address:		Date of Birth:		Sex:	
		Home phone number:			
		Mobile phone number:			
Postcode:		CHI (Community Health Index) or Hospital Reference Number (if known):			
Email Address:					

If the person this access request is about has changed their name or lived at a different address during the periods of treatment you are interested in, please provide these details below.

Previous last name(s):		
Previous address(s):		
Dates from and to:		

Section 2: NHS contacts

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health care professional in charge of the patients' care for each period of treatment in the 'health care professional' column.

Name of NHS Forth Valley Hospital Attended	Ward, clinic, department, specialty or service	Name of health care professional (if known)	Dates from	Dates to

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Section 3: Requested information

Give details in the box below of the information you are requesting.

Is this request in relation to the Infected Blood Inquiry?	Y / N
If relevant, please provide further details:	

Please put an X in the appropriate box to show the format you would like the information: (discuss this with staff if you are not sure).

View original records only	<input type="checkbox"/>	Provide a copy	<input type="checkbox"/>
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If a copy of any part of the record is required following a viewing, these will be sent to you within five working days of the viewing.

Section 4: Declaration

You must sign this section and provide a photocopy of your photographic identification. Any of the following is acceptable

- Passport
- Driving Licence
- Bus Pass
- Student Card

Releasing Information

Keeping personal information confidential and secure is extremely important to us. Please note we will send copies of information by Special Recorded Delivery post unless otherwise advised.

If you choose to collect the information in person, we will require to see two forms of identification from you, including one which has your photograph on (for example, your passport, driving licence, or bus pass).

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection legislation.

Signature: _____ **Date:** _____

I am the person named in Section 1. (Go to Section 6).

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If you are not the person named in section 1 please tick the appropriate box below:

<input type="checkbox"/>	I have been asked to act on behalf of the person named in Section 1, and that person has completed Section 6. (Please go to Section 5)
<input type="checkbox"/>	I am the parent or guardian of the person named in Section 1, and that person is over 12 years old and has completed Section 6. *(Please go to Section 5)
<input type="checkbox"/>	I am the parent or guardian of the person named in Section 1, and that person is under 12 years old and is not able to understand the request. (Please go to Section 5)
<input type="checkbox"/>	I have been appointed by the court to manage the affairs of the person named in Section 1 and enclose proof of this. (Please go to Section 5)

Please note: We will presume children can understand the nature of the application if they are aged 12 and over, however, we will consider all cases individually.

Section 5: Details of the person acting on behalf of the person applying

You must fill in this section if you are not the person named in Section 1.

Name: (Please print)	
Address:	
Postcode:	
Home phone number:	
Mobile phone number:	
Email Address:	

Section 6: Permission

You must fill in this section if you are the person named in Section 1 and you have given the person named in Section 5, permission to act on your behalf.

I give NHS Forth Valley permission to give _____
(enter the name of the person acting on your behalf) personal information about me.

I have given them permission to act on my behalf.

Signature: _____ **Date:** _____

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Guidance for Application for Subject Access to Health Records

The Data Protection legislation gives every living person the right to know what personal information an organisation holds about them. To exercise this right, you can make what is known as a 'subject access request'.

Only the following people may apply for access to personal information:

- The person who the information is about **or**
- Someone acting on behalf of the person who the information is about.

You have a right to know whether, or not, we hold any information about you, and a right to have a copy of that information. You also have a right to know:

- What kind of information we keep about you;
- The reason we are keeping it and how we use it;
- How long we will keep your information;
- Who gave us your information;
- Who we might share your information with and who might see your information;
- If we send your information outside Europe, and if we do what security measures, we take to protect it;
- If you can request rectification or restriction or objection of processing of your information; and
- That you can make a complaint to the Information Commissioners Office.

You also have the right to have any codes or jargon in the information explained.

What records you can access and how long records are kept

Health records are kept for a limited time and this is noted below for your information:

- Adult general hospital records - six years after the date of the last entry;
- Maternity records - 25 years after the birth of the last child;
- Children's and young people's records - until the child or young person's 25th birthday;
- Mental health records - 20 years after the date of the last contact.

This may help you in considering what types of records you are applying to see.

You may not be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else's; **or**
- identify another person (except members of NHS health care staff who have treated you), unless that person gives their permission.

Accessing your health records is an important matter and could, in certain circumstances, cause distress. You may wish to speak to an appropriate health care professional before completing the application form.

We will ask you to provide Photographic identification, such as a passport or driving licence, together with proof of your address, before we release any information to you. This ensures confidential information is only released to the right person.

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

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Response time

We will deal with your request as quickly as possible, and within one calendar month of receiving your completed application form and supporting evidence. If you have requested copies of your records, we will send these to you via Special Recorded Delivery Mail which will require a signature. If we have any problems obtaining your information, we will keep you up to date with our progress.

Fees

As of May 2018, there is no fee for information requested. It should be noted that in some circumstances e.g. requesting duplicate records, we may charge a reasonable fee. If a fee is to be applied, we will notify you of this in advance.

If you have any questions about your rights under the Data Protection legislation, you can contact us as follows:

- Subject Access Team on 01324 566292, fv.healthrecs-legal@nhs.scot or
- Data Protection Officer on 01786 457328 / 7337, fv.dataprotection@nhs.scot

Alternatively, you can contact the Information Commissioner's Office at <https://ico.org.uk/>

Please send the completed form to:

For **Hospital** health records:

**Subject Access Team
Health & Corporate Record Services
Forth Valley Royal Hospital
Stirling Road
LARBERT
FK5 4WR**

Email: fv.healthrecs-legal@nhs.scot

GP Practice health records requests should be sent to the **GP Practice Manager**.

Patients who are no longer registered with a GP should send requests to the Medical Contracts Officer.

**Medical Contracts Officer
Primary Care Contractor Services
Forth Valley NHS Board
Suite 2, Carseview House
Castle Business Park
STIRLING
FK10 4SW**

Tel: 01786 457222

Occupational Health Record requests should be sent to Health Records Subject Access Team.

NHS Forth Valley Prisons health records requests should be sent directly to the Health Centre Administrator of the relevant prison.

Other Health Board requests should be directed to the relevant Health Board.