

|  |
| --- |
| **APPLICATION FOR ACCESS TO HEALTH RECORDS** |

As a service user, or a service user’s bona-fide representative, you have the right to access the personal information that Leeds and York Partnership NHS Foundation Trust holds about you or the service user you represent. To exercise this right you should complete this application form and return it to the following address:

**Medical Records Manager**

**Medical Records Department**

**Newsam Centre**

**Seacroft Hospital**

**York Road**

**Leeds**

**LS14 6WB**

Although use of this form is not compulsory, its use will help you to present all the information we need to deal with your request efficiently. If you prefer to contact us or send the form by email, you can do this by using the following email address:

[medicalrecords.lypft@nhs.net](mailto:medicalrecords.lypft@nhs.net)

Please note however that internet email is not a secure means of communication and if you choose to contact us this way you will be accepting that risk.

Once we have received your application we will endeavour to process it as soon as possible and are legally obliged to do so within 30 days. We will contact you if anything delays this process.

|  |
| --- |
| **DETAILS OF RECORD(S) TO BE ACCESSED** |

*Please print clearly*

|  |
| --- |
| Patient’s surname: |
| **Forename(s):** |
| Address: |
| Telephone number: |
| **Date of birth:** |
| **NHS number (if known):** **Hospital unit number:** |

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

|  |
| --- |
| **Any previous names:** |
| **Previous address (if applicable):** |

**Patient’s hospital or clinic contacts:**

*Please provide as much information as possible about the records you are interested in. The more detail you can provide, and the more specific you are about the records required, the quicker we will be able to provide those records.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital/clinic**  **attended** | **Dates** | **Ward, community health team, etc** | **Consultant/**  **health professional** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Additional information or comments. Please specify here if your interest is in non-care records – e.g. personnel, complaints or other non-care files, and indicate who may hold them.*

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
| **DETAILS OF PERSON MAKING THE APPLICATION** |

|  |
| --- |
| **Surname:** |
| **Forename(s):** |

|  |
| --- |
| **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 health record referred above under the terms of the Data Protection Act or Access to Health Records Act (please tick as appropriate): |
| 🞎 I am the service user |
| 🞎 I have been asked to act by the service user and attach the service user’s written authorisation |
| 🞎 I have legal authority to act on the service user’s behalf and attach supporting documentation |
| 🞎 I am the parent / guardian of a child who is below the age at which they may exercise their Data Protection rights independently and attach supporting documentation |
| 🞎 I am the deceased service user’s personal representative and attach supporting documentation |
| 🞎 I have a claim arising from the patient’s death and wish to access information relevant to it.  Please indicate the grounds on which this claim arises and attach supporting documentation |
| **Signed**   **Date** |

|  |
| --- |
| **PROOF OF ID** |

*Proof of identity is required as set out below. Please tick the appropriate boxes.*

**For the member of staff confirming the identity of the data subject:**

🞎 I am a member of staff who confirms the service user is known to me, and I validate their identity for the purpose of Subject Access.

**For the data subject, i.e. the person whose records are being sought:**

🞎 Preferably, a copy of either a driving licence (photo-card) or passport (copy of photo page)

🞎 If neither of the above is available, please submit two forms of non-photographic ID, e.g. copies of recent utility bills (dated within the last 3 months), pension book or other official documentation

**If you are the patient’s representative, please also provide:**

🞎 A copy of the data subject’s express permission to act on their behalf or a copy of your legal authority to do so, or

🞎 If you are a person with parental responsibility applying on behalf of a child, please provide a copy of the birth certificate and a copy of recent (within the last 3 months) correspondence addressed to you relating to the patient.

*Contact details of staff confirming identity OR please list the documents supplied:*

|  |
| --- |
|  |

*NB: Please send photocopies of identification not originals. Leeds and York Partnership NHS Foundation Trust cannot be held responsible for any items lost in the post.*

|  |
| --- |
| **FAQ** |

**Will the entire contents of the health record be released to me?**

In general, all the personal records you request will be released to you, although there may be circumstances where some information is withheld. These include where it is considered that information in the records, if released, could cause physical or mental harm or serious distress to you or anyone else and where there is personal information concerning another person contained within the records requested, other than those acting in a professional capacity regarding your care.

**How will the information be provided?**

We usually make copies of the records and send them to you (or you can collect them if you prefer). Alternatively, you may wish simply to view the records, in which case we will arrange with you a suitable time and location for you to come along and do that. It may also be possible to email the records to you if this is something you would specifically prefer, however we must either agree a way to do so securely, or for you to accept the risks of unsecured email transmission.

**Will I be charged for access to the records?**

Aligned to the UK enactment of the EU General Data Protection Regulation, the Trust will not ordinarily charge service users for providing access to information held about them. The Trust extends this principle to those acting on behalf of the service user – including solicitors, insurers or other organisations acting on behalf of / with the consent of the service user.

The Trust reserves the right to recover reasonable costs (e.g. printing / copying at retail rates and postage costs) should a request be deemed ‘manifestly unfounded or excessive’.

**What if I am not satisfied with the Trust’s response?**

In the first instance you should write to the Trust’s complaints department at:

**Complaints and Claims Manager**

**Leeds and York NHS Partnership Foundation Trust**

**2150 Century Way**

**Thorpe Park**

**Leeds**

**LS15 8ZB**

If you remain dissatisfied with the Trust's response you can contact the Office of the Information Commissioner, the body with responsibility for enforcing the Data Protection Act.

Their address is:

**Information Commissioner's Office**

**Wycliffe House**

**Water Lane**

**Wilmslow**

**Cheshire**

**SK9 5AF**

Or you may wish to access the website at <https://ico.org.uk/>

|  |
| --- |
| **WARNING**  **Making false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.** |

|  |  |
| --- | --- |
|  |  |