**Application for Access to Personal Information under the Data Protection Act 2018. (Adult)**

**\*Please note all mandatory fields need to be completed to process your request**

1. **\* Patients Details:**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Previous Names / Surnames |  |
| Hospital / NHS Number (If known) |  |
| Date of birth |  |
| Telephone Number |  |
| Email Address |  |
| Address including postcode |  |

1. **Details of Applicant (if different from above)**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Telephone number |  |
| Email Address |  |
| Address including postcode |   |
| Relationship to Patient |  |

**\*Details of information required:**

**(Please note we are only able to release records made at East Kent Hospitals University Foundation NHS Trust)**

**Medical Record Required Information**

|  |  |  |
| --- | --- | --- |
| Medical Record InformationFormat required;☐ Digital Download☐ Recorded Delivery□ Collection from any of the East Kent Hospitals University Foundation NHS Trust site below.□ QEQM □ K&C□ WHH□ BHD□ RVHF | Date Range (Required) | Consultant Name (If known) |

**X-Rays / MRI / CT Scans / Ultrasounds**

|  |  |  |
| --- | --- | --- |
| Format required[ ]  Digital Download\* **Images & Reports**[ ]  CD / DVD – **Images only**□ Reports Only – **The reports will be sent out digitally.** **\*If unable to accept digital. You will be able to collect form any of the Trust sites.** \* *Please state digital or collection and which site you would like to attend.*□ Digital □ Collection □ QEQM □ K&C□ WHH\*For **digital download** please supply 2 email addresses that you have access to, **or** one email address and a mobile phone number.Email 1Email 2Mobile phone number  | [ ]  All scans required **OR** Dates of Scans (List Below) | Consultant Name (If known) |

|  |
| --- |
| \***Digital download link for X-Rays / MRI / CT Scans / Ultrasounds** need to be accessed **within 60 days** of being sent, otherwise the link will expire, and a new request will need to be submitted. |

**\*Declaration:**

This section must be completed by the **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 Records referred to under the terms of the Data Protection Act 2018 GDPR Legislation

Tick as appropriate

[ ]  I am the Patient

[ ]  I have been duly authorised to act by the patient and attach the patient’s written authorisation

[ ]  I am the Legal Guardian for the patient (documentation attached) who is incapable of understanding the nature of this request which is required on the grounds that:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed ………………………………………………. Date ………………………………….

Print name………………………………………….

**WRITTEN AUTHORISATION – TO BE COMPLETED BY THE DATA SUBJECT IF THEY ARE NOT THE APPLICANT**

This section must be completed as proof of the applicant’s identity. Please attached a (photo) copy of your signed drivers licence or passport, or any other official document with a signature, such as a debit card.

(insert name) …………………………………………. has my consent to request access to my medical data

Signed ………………………………………………. Date ………………………………….

**\*Identification**

In order to maintain confidentiality and to confirm your identity, before copies of the Health Records are released, please provide a copy of;

Tick as appropriate

* Driving Licence
* or Passport
* or Birth Certificate
* plus, a utility bill showing name and current address

Completed forms are to be returned to: [ekh-tr.accesstorecords@nhs.net](file:///%5C%5Cshare.ad.ekhuft.nhs.uk%5Cshare%5COutpatients%5CStaff%5CHealth%20Records%5CAccess%20To%20Records%5CDataBase%5CATR%20Database%5CRVHF%5CRequests%5CRequest%20Forms%5CV1.2%20-%20Current%20Request%20forms%5Cekh-tr.accesstorecords%40nhs.net)

or

Access to Health Records Office

Health Records Services

Royal Victoria Hospital

Radnor Park Avenue

Folkestone

Kent

CT19 5BN

|  |
| --- |
| **WARNING****You are advised that the making of untrue statements in order to help secure access to personal information to which the applicant is not entitled is a criminal offence** |

**ACCESS TO HEALTH RECORDS (ADULT)**

**INFORMATION FOR PATIENTS**

**THE DATA PROTECTION ACT 2018 GDPR Legislation**

The Data Protection Act 2018 GDPR Legislation, gives every living person the right to apply for access to their Health Records.

* If you are currently receiving treatment as an Out-Patient or In-Patient, you may ask your Consultant to show you your records.

In order to maintain confidentiality and to confirm your identity you will be asked to provide a copy of one of the following: your driving licence, passport or birth certificate plus a copy of a current utility bill in order to verify your address. This is to safeguard against unauthorised and inappropriate access to your personal information.

On receipt of your completed application, your request will be processed. We have thirty days to comply. Very occasionally it may not be possible to comply within this time frame, but you will be informed if this is the case. Please specify exactly the nature of the information you require. If this is a request for copy of obstetric notes, please indicate if CTG’s copies are needed.

Under the Data Protection Act 2018 GDPR Legislation there are certain circumstances in which the record holder may withhold information.

* Access may be denied, or limited, where the information might cause serious harm to the physical or mental health or condition of the patient, or any other person,
* or where giving access would disclose information relating to or provided by a third person who had not consented to the disclosure.
* or when access would not be in accord with the best wishes of the patient

Once your application has been finalised, and the required information collated, the records will be sent to you electronically to the provided email address.