**(Subject Acess Request) Access to Medical Records Policy**

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# Introduction

## Policy statement

The purpose of this document is to ensure that appropriate procedures are in place at Winstanley Medical Centre, to enable individuals to apply for access to information held about them, and for authorised individuals, information held about other people. This policy is written in conjunction with the following government legislation:

1. The Access to Health Records Act 1990
2. The Access to Medical Reports Act 1988
3. The General Data Protection Regulation
4. The Data Protection Act 2018
5. The Freedom of Information Act 2000
6. The Data Protection (Subject Access Modification) (Health) Order 2000

## Status

This document and any procedures contained within it are contractual and therefore form part of your contract of employment. Employees will be consulted on any modifications or change to the document’s status.

## Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

## Why and how it applies to them

In accordance with the [General Data Protection Regulation](https://gdpr-info.eu/) individuals have the right to access their data and any supplementary information held by Winstanley Medical Centre; this is commonly known as a data subject access request (DSAR). Data subjects have a right to receive:

* Confirmation that their data is being processed
* Access to their personal data
* Access to any other supplementary information held about them

This policy will outline the procedure to access health records at Winstanley Medical Centre as follows:

* For an individual, for information about themselves
* For access to the health records of a deceased individual
* Access to health records of an individual by an authorised person (by a court), when the individual does not have the capacity to make such a decision
* Organisations requesting information about an individual for employment or insurance purposes (governed by [The Access to Medical Reports Act 1988](http://www.legislation.gov.uk/ukpga/1988/28/contents))

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# Policy

## Right to access

Winstanley Medical Centre has mechanisms in place informing patients of their right to access the information held about them, which include the fee and how long it will take for a DSAR process to be completed.

With effect from April 2016, NHS practices are, as part of their contractual obligation, to provide patients with access to coded information held within their health records. Such information includes:

* Demographics
* Allergies
* Immunisations
* Medication
* Results
* Procedures
* Values
* Problems/diagnoses
* Other (ethnicity, QOF etc.)

NHS England have published an information leaflet [Patient Online](https://www.england.nhs.uk/wp-content/uploads/2015/11/po-offering-patient-access-detailed-online-records.pdf) which provides further detailed information about this obligation and how patients can access their health record online.

There are occasions when a GP may firmly believe that it is not appropriate to share all the information contained in the individual’s record, particularly if there is potential for such information to cause harm or distress to individuals, or when the record has information relating to a third party.

Patients may request paper copies of health records and, regardless of the preferred method of access, patients and authorised third parties must initially complete a DSAR form. However, patients may request access to their health records informally;[[1]](#footnote-1) any such requests should be annotated within the individual’s health record by the clinician dealing with the patient.

## Requests

Requests may be received from the following:

**Competent patients** may apply for access to their own records or authorise third-party access to their records.

**Children and young people** may also apply in the same manner as other competent patients and Winstanley Medical Centre will not automatically presume a child or young person has capacity under the age of 16. However, those aged 12 or over are expected to have the capacity to consent to medical information being disclosed.[[2]](#footnote-2)

**Parents** may apply to access their child’s health record so long as it is not in contradiction to the wishes of the competent child.[[3]](#footnote-3)

**Individuals with a responsibility for adults who lack capacity** are not automatically entitled to access the individual’s health records. Winstanley Medical Centre will ensure that the patient’s capacity is judged in relation to particular decisions being made. Any considerations to nominate an authorised individual to make proxy decisions for an individual who lacks capacity will comply with the Mental Capacity Act in England and Wales and the Adults with Incapacity Act Scotland.

**Next of kin** have no rights of access to health records.

**Police** are not able to access health records without first obtaining a court order or warrant. However, health professionals at Winstanley Medical Centre may disclose relevant information to the police if the patient has consented or if there is overriding public interest. For detailed information, see section 4.1.6 of footnote 2.

**Solicitors and insurance companies** in most cases will provide the patient’s signed consent to release information held in their health record. Winstanley Medical Centre will ensure that patients are fully aware of the information being provided to the solicitor who is acting for that patient. In the case of a solicitor requesting information, the BMA has provided the following templates:

* [Consent form to release information to solicitors in England & Wales](https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/ethics/bmalawsocietyconsentformmarch2017.pdf?la=en)
* [Consent form to release information to solicitors in Scotland](https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/ethics/bmalawconsentformscotlandmarch2017.pdf?la=en)

Winstanley Medical Centre will ask solicitors to use the appropriate form when requesting information.

**Deceased patients** retain the right of confidentiality. There are a number of considerations to be taken into account prior to disclosing the health record of a deceased patient. Such considerations are detailed in the Access to Health Records Act 1990. Under the terms of this Act, Winstanley Medical Centre will only grant access if you are either:

* a personal representative (executor of the deceased person’s estate), or
* someone who has a claim resulting from the death

The medical records of the deceased will be passed to Primary Care Support England (PCSE) for storage. Winstanley Medical Centre can advise you of who you need to contact in such instances. PCSE will retain the GP records of deceased patients for ten years, after which time they will be destroyed. PCSE have provided an [application form](https://pcse.england.nhs.uk/media/1064/pcse_access_to_records_application_form_august_2016-1.doc) which can be used to request copies of a deceased patient’s record.

In the cases of ***any*** third-party requests, Winstanley Medical Centre will ensure that the patient has consented to the disclosure of this information by means of a valid signature of the patient.

In accordance with the GDPR, patients are entitled to receive a response within the maximum given time frame of one calendar month from the date of submission of the DSAR. In order to ensure full compliance regarding DSARs, Winstanley Medical Centre will adhere to the guidance provided in the GDPR. In the case of complex or multiple requests, the data controller may extend the response time by a period of two months. In such instances, the data subject must be informed and the reasons for the extension given.

Under [The Data Protection (Subject Access Modification) (Health) Order 2000](http://www.legislation.gov.uk/uksi/2000/413/made), Winstanley Medical Centre will ensure that an appropriate healthcare professional manages all access matters. At Winstanley Medical Centre there are a number of such professionals, and wherever possible the individual most recently involved in the care of the patient will review and deal with the request. If for some reason they are unable to manage the request, an appropriate professional will assume responsibility and manage the access request.

Furthermore, to maintain GDPR compliance, the data controller at Winstanley Medical Centre will ensure that data is processed in accordance with Article 5 of the GDPR and will be able to demonstrate compliance with the regulation (see GDPR policy for detailed information). Data processors at Winstanley Medical Centre will ensure that the processing of personal data is lawful and at least one of the following applies:

* The data subject has given consent to the processing of his/her personal data for one or more specific purposes
* Processing is necessary for the performance of a contract to which the data subject is party, or in order to take steps at the request of the data subject prior to entering into a contract
* Processing is necessary for compliance with a legal obligation to which the controller is subject
* Processing is necessary in order to protect the vital interests of the data subject or another natural person

## Procedure for access

A DSAR form (Annex A) must be completed and passed to the data controller; all DSARs should be processed free of charge unless they are either complex, repetitive or unfounded (see GDPR Policy). The GDPR states that data subjects should be able to make access requests via email. Winstanley Medical Centre is compliant with this and data subjects can complete an e-access form and submit the form via email.

Upon receipt of a DSAR, Winstanley Medical Centre will record the DSAR within the health record of the individual to whom it relates, as well as annotating the [DSAR log](file:///N:\Legacy\PRACTICE%20MANAGER%20DOCUMENTS\PM%20Documents\PM%20Documents\GDPR\). Furthermore, once processed, an entry onto the health record should be made, including the date of postage or the date the record was collected by the patient or authorised individual.

Individuals will have to verify their ID[[4]](#footnote-4) at Winstanley Medical Centre and it is the responsibility of the data controller to verify all requests from data subjects using reasonable measures. The use of the practice’s Data Subject Access Request (DSAR) form supports the data controller in verifying the request. In addition, the data controller is permitted to ask for evidence to identify the data subject, usually by using photographic identification, i.e. a driving licence or passport.

The process upon receipt of a DSAR form is clearly illustrated at Annex C, which is an aide-memoire/flow diagram.

**3.4 Third-party requests**

Third-party requests will continue to be received following the introduction of the GDPR. The data controller must be able to satisfy themselves that the person requesting the data has the authority of the data subject.

The responsibility for providing the required authority rests with the third party and is usually in the form of a written statement or consent form, signed by the data subject.

## Summary

Having a robust system in place will ensure that access to health records is given only to authorised personnel. Patient confidentiality is of the utmost importance and any third-party requests must be accompanied by a valid patient signature. Staff are to adhere to this guidance at all times and where doubt exists, they are to discuss their concerns with the Practice Manager.

**APPLICATION FORM FOR ACCESS TO HEALTH RECORDS**

**In accordance with the General Data Protection Regulation (GDPR)**

**DATA SUBJECT ACCESS REQUEST**

This form must be completed in blue or black ink and signed.

**Section 1: Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Maiden name** |  |
| **Forename** |  | |  | | --- | | **Title** | | **(i.e. Mr, Mrs, Ms, Dr)** | |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone number** |  | **Postcode:** |  |
| **NHS number (if known)** |  | **Email address:** |  |

**Section 2: Record requested**

The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g. leg injury following a car accident)

|  |  |
| --- | --- |
| **Please provide me with online access to my medical records** *(preferred method)* |  |
| **Please provide me with a copy of records between the dates specified:** |  |
| **Please provide me with a copy of records relating to the incident specified:** |  |
| **Please provide me with a copy of records relating to the condition specified:** |  |
| **Please provide me with a copy of all records held** |  |
| **Please provide a copy of the above to a third party**  **………………………………………………………………**  **Insert name of third party** |  |

**Section 3: Details and declaration of applicant**

(Please enter details of applicant if different from Section 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Title**  **(Mr, Mrs, Ms, Dr)** |  |
| **Forename(s)** |  | **Address** |  |
| **Telephone number** |  | **Postcode** |  |

**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 records referred to above under the terms of the GDPR. (Please tick):

I am the patient

I have been asked to act by the patient and attach the patient’s written authorisation

I have full parental responsibility for the patient and the patient is under the age of 18 and:

1. has consented to my making this request, or
2. is incapable of understanding the request (delete as appropriate)

I have been appointed by the court to manage the patient’s affairs and attach a certified copy of the court order appointing me to do so

I am acting *in loco parentis* and the patient is incapable of understanding the request

I am the deceased person’s Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)

I have written, and witnessed, consent from the deceased person’s Personal Representative and attach Proof of Appointment

I have a claim arising from the person’s death (Please state details below)

Signature of applicant: ................................................... Date: ………………………..

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

Identity Verified by whom …………………………………..……

Type of ID Shown………………………………………………………. Date …………………………………………..

**…………………………………………………………………………………………………..**

**I CONFIRM RECEIPT OF THE MEDICAL RECORDS AS REQUESTED ABOVE**

**…………………………………………. Name ………………………………..Date**

**…………………………………………. Signature**

**Section 4: Proof of identity**

Please indicate how proof of ID has been confirmed. Please select ‘A’ or ‘B’:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Method in which identity is**  **confirmed** | **Option taken** | **Documents attached** |
| A | Attached copies of documents as  noted in section 4A below | Yes/No | If Yes, please indicate here which documents have been attached |
| B | Countersignature (section 4B). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided) | Yes/No | Please indicate reason why this section was completed |

**Section 4A – Evidence**

**Evidence of the patient’s and/or the patient’s representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documentation are:**

|  |  |  |
| --- | --- | --- |
|  | **Type of applicant** | **Type of documentation** |
| **A** | An individual applying for his/her  own records | One copy of identity required,  e.g. copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc. |
| **B** | Someone applying on behalf of an  individual (Representative) | One item showing proof of the patient’s identity and one item showing proof of the  representative’s identity (see examples in ‘**A’** above) |
| **C** | Person with parental responsibility  applying on behalf of a child | Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient |
| **D** | Power of Attorney/Agent applying on behalf of an individual | Copy of a court order authorising Power of Attorney/Agent plus proof of the patient’s identity (see examples in ‘**A’** above) |

**Section 4B – Countersignature**

**This section is to be completed by someone (other than a member of your family) who**

**can vouch for your identity. This section may be completed if 4A cannot be fulfilled.**

I (insert full name)..........................................................................................................

Certify that the applicant (insert name)..........................................................................

Has been known to me personally as ................................. for ..........................years

(Insert in what capacity, e.g. employee, client, patient, relative etc.)

and that I have witnessed the signing of the above declaration. I am happy to be contacted if

further information is required to support the identity of the applicant as required.

Signed .......................................................................Date .........................................

Name ........................................................... Profession. .............................................

Address ...............................................................................................................

.......................................................................................................................................

Daytime telephone number ..........................................................................................

**Additional notes**

Before returning this form, please ensure that you have:

1. signed and dated this form

b) enclosed proof of your identity or alternatively confirmed your identity by a countersignature

c) enclosed documentation to support your request (if applying for another person’s records)

Incomplete applications will be returned; therefore please ensure you have the correct

documentation before returning the form.

**CONSENT FOR ONLINE ACCESS TO MEDICAL RECORDS**

The following form will take you through the things you need to think about. By signing the form you will be giving us your permission to go ahead with setting up the service for you. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

**Declaration (please delete response as appropriate):**

|  |  |
| --- | --- |
| 1. I agree to my GP practice giving me access to my record online. | YES / NO |
| 1. I have read and understood the information leaflet about access to GP medical records. | YES / NO |
| 1. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn. | YES / NO |
| 1. If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible. | YES / NO |
| 1. I agree that it is my responsibility to keep my username and passwords secure. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record. | YES / NO |
| 1. I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved. | YES / NO |
| 1. I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. *Please note, this does not affect your rights of Subject Access under the Data Protection Act.* | YES / NO |

**Other considerations**

|  |  |
| --- | --- |
| The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct. | |
| 1. If I notice any inaccuracies with my record, I will inform the practice manager as soon as possible of any errors or omissions. | YES/NO |
| 1. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress. | YES / NO |
| 1. I understand that as before, I will be informed directly, by the practice, of any test results which require further action. However I understand that I may see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me. | YES / NO |

Signature of patient……………………………….………..Date…………………………

***Please retain a copy of this form for your information.  
Please remember to keep all your account details secure. If you think your account details may have been shared with someone you should reset them straight away. If you have any queries or concerns about the service or wish to withdraw from the service please speak to our practice manager.***

ACCESSING YOUR MEDICAL RECORDS AT WINSTANLEY MEDICAL CENTRE

**Introduction**

In accordance with the General Data Protection Regulation, patients (data subjects) have the right to access their data and any supplementary information held by Winstanley Medical Centre; this is commonly known as a data subject access request (DSAR). Data subjects have a right to receive:

* Confirmation that their data is being processed
* Access to their personal data
* Access to any other supplementary information held about them

**Options for access**

As of April 2016, practices have been obliged to allow patients access to their health record online. This service will enable the patient to view coded information held in their health record. Prior to accessing this information, you will have to visit the practice and undertake an identity check before being granted access to your records. In addition, you can make a request to be provided with copies of your health record. To do so, you must submit a Data Subject Access Request (DSAR) form; this can be submitted electronically and the DSAR form is available on the practice website. Alternatively, a paper copy of the DSAR is available from reception. You will need to submit the form online or return the completed paper copy of the DSAR to the practice. Patients do not have to pay a fee for copies of their records. Access may be granted via our “Access Online” if agreed to by the patient and supported by the GP.

**Time frame**

Once the DSAR form is submitted, Winstanley Medical Centre will aim to process the request within 21 days; however, this may not always be possible. The maximum time permitted to process DSARs is one calendar month. In exceptional circumstances this may take longer but you will be informed if this is the case.

**Exemptions**

There may be occasions when the data controller will withhold information kept in the health record, particularly if the disclosure of such information is likely to cause undue stress or harm to you or any other person.

**Data controller**

At Winstanley Medical Centre the data controller is the Practice Manager and should you have any questions relating to accessing your medical records, please ask to discuss this with the named data controller.

Paul Bridgeman, Practice Manager - Winstanley Medical Centre Data Controller

1. [How do I access my medical records (health records)?](http://www.nhs.uk/chq/pages/1309.aspx?categoryid=68) [↑](#footnote-ref-1)
2. Access to health records

   <https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/access-to-health-records> [↑](#footnote-ref-2)
3. Parental responsibility

   <https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/parental-responsibility> [↑](#footnote-ref-3)
4. [Good Practice Guidance on ID Verification](https://www.england.nhs.uk/wp-content/uploads/2015/03/identity-verification.pdf) [↑](#footnote-ref-4)