**Access to your records policy**

**Subject Access requests**

**PATIENTS’ RIGHTS**

All patients have the right to access their records and any supplementary information held by Dr James Hamilton-Smith & Partners you have the right to receive conformation that your data is being processed.

The reason for granting access to patients is to enable you to verify the lawfulness of the processing of data held about you.

All patients must complete the Application for Medication Records forms below and then the form is given to a clinician to review and sign off consent to give the medical records to the patient. This form is then scanned onto the patients record.

**FEES**

Under GDPR Dr James Hamilton-Smith & Partners are not permitted to charge data subjects for providing a copy of the requested information. This must be done free of charge. That said should a request be deemed either unfounded excessive or repetitive a fee may be charged. Furthermore a reasonable fee may be charged when requests for additional copies of the same information is requested. However, this does not permit the practice to charge for all subsequent access requests.

The fee is to be based on the administrative costs associated with providing the requested information.

The patient will firstly be offered online access to their records. If they decline online access they will be offered copies of their medical record electronically. If they need hard copies, they will be provided.

**RESPONDING TO A DATA SUBJECT ACCESS REQUEST**

In accordance with the GDPR the practice must respond to all data subject access requests within 30 calendar days of receiving the request. In the case of complex or multiple requests the practice may extend this to a period of two months. In such incidences you will be informed and the reasons for the delay explained.

**VERIFYING THE SUBJECT ACCESS REQUEST**

It is the responsibility of the practice to verify all requests from patients using reasonable measures. The use of the practice subject access request (SAR) form supports the practice in verifying the request. In addition the practice is permitted to ask for evidence to identify the data subject, usually by using photographic identification i.e. passport or driving licence.

**E-REQUESTS**

The GDPR states that patients access requests by email. Dr James Hamilton-Smith & Partners is compliant with this data subjects can complete a request via email using email address: hamilton-smithpractice@nhs.net

The practice is to ensure that id verification is requested and this should be in the response to the patient upon receipt of the access request. It is the responsibility of the practice to ensure they are satisfied that the person requesting the information is the subject to whom the data applies.

**THIRD PARTY REQUESTS**

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

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

APPLICATION FOR ACCESS TO MEDICAL RECORDS

GDPR 2018 Subject Access Request

Details of the Record to be Accessed:

|  |  |
| --- | --- |
| Patient Surname | NHS Number |
| Forename(s) | Address |
| Date of Birth |

Details of the Person who wishes to access the records, if different to above:

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Telephone Number |  |
| Relationship to Patient |  |

**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 General Data Protection Regulation 2018.**

Tick whichever of the following statements apply.

* I am the patient.
* I have been asked to act by the patient and attach the patient’s written authorisation.
* I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request.
* I am the deceased patient’s Personal Representative and attach confirmation of my appointment.
* I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that…… (Please supply your reasons below).

YOUR SIGNATURE…………………………………….DATE...………………………..

NOTE: One month’s prior notice is usually required.

Continued>>

Details of my Application (please tick as appropriate)

Patient to complete

|  |  |
| --- | --- |
| I am applying for access to view my records only |  |
| I am applying for copies of my medical record |  |
| I have instructed someone else to apply on my behalf |  |
| I have attached the appropriate fee |  |

Notes:

Under GDPR 2018 you do not have to give a reason for applying for access to your health records.

Optional - Please use this space below to inform us of certain periods and parts of your health record you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in lower fee charges and a quicker response.

|  |  |
| --- | --- |
| I would like a copy of all records |  |
| I would like a copy of records between specific dates only (please give date range) below |  |
| I would like copy records relating to a specific condition / specific incident only (please detail below) |  |