Access to Health Records Factsheet

## Overview

A health record contains information about an individual’s mental and physical health which has been reported by a healthcare professional as part of their care.

Applications can be made by a Solicitor, a parent, a personal representative or the executor or administrator of a deceased patient’s estate. Individuals have the right to have their personal health information kept confidential and the record holder is obliged to be satisfied that an applicant is entitled to access a patient’s records. **As a minimum, the identity of the applicant will be checked and further enquiries may be made if necessary.**

You will be asked to provide copies of your identification in order to process this request.

**Please do not send original versions of your personal identification.**

## Delivery

All documents will be sent via Royal Mail recorded delivery. From Monday 1st October 2012 following Ofcom approval, the Royal Mail introduced ‘Delivery to a Neighbour’ which includes recorded delivery items.

If you do not wish your mail to be delivered to a neighbour in your absence, please contact the Medical Records department on the number above to make arrangements to collect your documents in person.

## Retention

Below is a brief overview of retention periods that may apply to your Health Record[[1]](#footnote-1):

|  |  |  |
| --- | --- | --- |
| **Record Type** | **Retention Start** | **Retention Period** |
| Adult health records | Discharge/patient last seen | 8 years |
| Children’s records | Discharge/patient last seen | 25th birthday  If 17 at end of care – 26th birthday |
| Cancer/Oncology records | Diagnosis of Cancer | 30 years or 8 years after the patient has died |
| Clinical Trials | Close of research | 30 years |
| Obstetric and maternity records, ante natal and postnatal records | Discharge/patient last seen | 25 years |

More information regarding Subject Access Requests can be found on the Information Commissioners Office website:

<https://ico.org.uk/>

Requests made under the

Data Protection Act 2018

The **Data Protection Act 2018** gives every living person or someone acting on behalf of the patient (by written authorisation, parental rights, court appointment or personal representative) the right to apply for access to their health records.

There are certain circumstances in which the record holder may withhold any information which might cause serious harm to physical or mental health, or identify a third party.

## Time Frame

Requests for access under the Data Protection Act 2018 must be completed within 30 days of receiving all correct and available information.

## Fees

There are no charges relating to this form of request for information, however the Requester may wish to view the health record in the first instance.

Requests made under the

Access to Health Records Act 1990

The **Access to Health Records Act 1990** provides a statutory right of access to the records of deceased patients. Any person with a claim arising from the death of a patient has a right of access to information covered by the Act and directly relevant to the claim.

There are certain circumstances in which the record holder may withhold any information which might cause serious harm to physical or mental health, or identify a third party.

## Time frame

Requests for access under the Access to Health Records Act 1990 must be completed within 40 days of receiving all correct and available information.

Application for Access to Health Records under the Data Protection Act 2018/Access to Health Records Act 1990

Please complete the form using **BLOCK CAPITALS** and provide as much information as possible and if necessary please continue on a separate sheet and enclose with your application.

## Section 1 – Details of Patient

|  |  |
| --- | --- |
| Surname |  |
| Maiden name / any previous surname |  |
| Forename(s) |  |
| Address | Postcode: |
| Date of birth |  |
| Telephone number(s) |  |
| Hospital number |  |
| NHS number |  |

## Section 2 – Details of Applicant (if not the patient)

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Relationship to Patient |  |
| Address | Postcode: |
| Telephone number(s) |  |

## Section 3 – What information would you like?

Please tick the boxes as applicable and provide as much information as possible to enable us to locate the relevant records or information.

I wish to receive copies of all medical records

If only part of the record is required, please indicate which records are required, giving details below:

1. Medical Records:

Copy of ALL records

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital/s attended: | Royal Victoria Infirmary | Freeman  Hospital | Newcastle General Hospital |
| Care provided during period: | From:  To: | | |
| Inpatient or Outpatient |  | | |
| State Ward/Department |  | | |
| Consultant or Healthcare Professional providing care |  | | |

1. Radiology images (x-rays, CT scans etc.) – tick as applicable:

Copy of ALL images

|  |  |
| --- | --- |
| Copy of specific images only (please give details below) | |
| Date(s) attended: |  |

1. Community records – please specify:

Please note, we do not hold GP records.

|  |  |
| --- | --- |
| Required information and department |  |
| Date(s) |  |

1. Other personal information required – please specify:

|  |  |
| --- | --- |
| Required information |  |
| Date(s) |  |

## Section 4 – Declaration – to be completed by the Applicant

I declare that the information given in this form is correct to the best of my knowledge and that I am entitled to apply for access to the health records or other personal information as referred to under the terms of the Data Protection Act 2018 and Access to Health Records Act 1990 on the grounds that: (tick appropriate box)

I am the patient named in section 1

I am acting on behalf of the patient named in section 1

I am in loco parentis and the patient is under the age of 16 and either:

is incapable of understanding the request; or

has consented to my making this request.

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

I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that:

|  |
| --- |
|  |

I confirm that any information accessed by me regarding this application will be treated in the strictest of confidence.

**Applicant’s signature: ………………………………….. Date: ………………………..**

## Section 5 – Authorisation – to be completed if applying on behalf of another person

## If the patient is an adult, please complete Part 1

## If the patient is a child, please complete Part 2

#### Part 1

I hereby authorise Newcastle upon Tyne Hospitals NHS Foundation Trust to release any personal information they may hold relating to me to **……………………………..** whom I have given consent to act on my behalf. [enter name of person acting on your behalf]

**Signature:………………………………………………………Date:…………………..…**

#### Part 2

I (name)……………………………………………………………………….

Of (address)……………………………………………………………………………………………

Certify that the applicant understands the nature of this application.

**Signature:………………………………………………………Date:………………………**

## Please return the form to the address below checking that you have:

* Signed and dated the form completing all relevant sections
* Signed consent from the patient/relevant authority where acting on their behalf or
* If you are not the patient, please enclose signed consent from the patient or:

If you are the patient’s personal representative or next of kin, please send us confirmation of your relationship to the patient. For example this could be confirmation of Power of Attorney, Executor of a Will or a birth or marriage certificate; and

* Enclosed copies of your personal identification (copy of passport, photo driving licence or two utility bills)

Subject Access Request Team

Level 3

Regent Point

Regent Farm Road

Gosforth

Newcastle upon Tyne

NE3 3HD

0191 2137783

Alternatively you can email your form to [tnu-tr.subjectaccessrequests@nhs.net](mailto:tnu-tr.subjectaccessrequests@nhs.net)

1. Records Management Code of Practice for Health and Social Care 2016: <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care> [↑](#footnote-ref-1)