**.**

**Please fill in this application form using BLOCK CAPITALS (Guidance notes from page 3)**

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| **Section 1: Personal Details** |

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

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| --- | --- | --- | --- | --- | --- |
| **First Name:** |  | | **Last Name:** | |  |
| **Address:** |  | | | | |
| **Postcode:** |  | **Date of Birth:** | |  | |
| **Home & Mobile Phone Number:** | |  | | | |
| **Email address (see sections 3 & 4)** | |  | | | |

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| **Section 2: Information you want to access** |

Give details in the box below of the records or information you want to access and the time period of your medical records covered by this request. Due to the work involved in the checking the record (see guidance Note 1 on page 3) please restrict the records you require to specific time periods if possible. You should also note that, if you just wish specific clinical information, it is often better to have a discussion with your GP who can explain it, instead of reading through a large volume of your medical records. We can decide based upon what is written below.

Please tick the appropriate box(es) to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

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| --- | --- |
| **Details** |  |
| Ask for a copy | Make an appointment to view original records only |

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| **Section 3: Identification (required at time of submitting this form)** |

**Everyone must complete this section UNLESS you are providing:**

* A certified copy of a Power of Attorney document
* A certified copy of a Guardianship Order

The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information.

**Provide a Form of Identification (ID).** We require proof of identification at the time of submitting this form to verify email address. The following is a list of documents we will accept as proof of ID:

* Copy of the identification/photographic page from a current passport
* Copy of the identification/photographic section of a current driving licence
* Other forms of photo ID including travel pass, work badge.

**The medical record will only be sent to the patient to whom the notes belong.** In exceptional circumstances if that is not possible, verbal consent for collection by another named individual must be provided to Colinton Surgery.

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| **Section 4: Declaration** |

**Releasing information.** Keeping personal information confidential and secure is extremely important to us. All patients who have a personal email address will have their information emailed to them via a password protected encryption system. Proof of ID is required at the time of submitting this form to verify the email address as personal to the person requesting. If the patient requesting does not have a personal email address, proof of ID will be required at the time of collection.

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the General Data Protection Regulation 2016.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

Personal Email address ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUIDANCE NOTES**

The General Data Protection Regulation (GDPR) gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a ‘subject access request’.

Only the following people may apply for access to personal information.

* The person who the information is about.
* Someone acting on behalf of the person who the information is about.

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to know the following.

* What kind of information we keep about you.
* The reason we are keeping it and how we use it.
* Who gave us your information
* Who we might share your information with and who might see your information.

You also have the right to have any codes or jargon in the information explained.

***Note 1: You won’t be able to see information that could:***

* ***cause serious harm to your physical or mental health, or anyone else’s***
* ***identify another person (except members of NHS clinical staff who have treated the patient), unless that person gives their permission.***

***Due to the volume of requests we receive and the workload involved in checking large sets of medical records without payment, we use a software package to remove any words which could cover information in the two situations above. This removes words such as ‘psychiatrist’, ‘sister, ‘anxiety’ etc. If there are phrases you cannot understand in the notes you receive, please contact the practice to discuss specific examples.***

***Note 2: To reduce the amount of paper involved and to increase security we now use the Egress encryption system to email any requests back to the patient requesting. This is the preferred method of information release. If you do not have a personal email address contact the surgery to discuss alternative arrangements.***

If you need any more advice about your rights under the General Data Protection Regulation, please contact David Trundle, Practice Manager, you can contact the Information Commissioner’s Office:

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| --- | --- |
| Data Protection Officer Colinton Surgery  296b Colinton Road Edinburgh EH13 0LB  Phone – 0131 441 4555 | The Information Commissioner’s Office – Scotland  45 Melville Street  Edinburgh  EH3 7JL.  Phone: 0131 244 9001  Email: Scotland@ico.org.uk |

**Fee.** Data will usually be provided **free of charge**. There may be a charge of a ‘reasonable fee’ when a request is manifestly unfounded or excessive, particularly if it is repetitive.

A reasonable fee may occur when complying with requests for further copies of the same information. This does not mean that there will be a charge for all subsequent access requests. The fee must be based on the administrative cost of providing the information.

**Response time.** We will deal with your request as quickly as possible and within 30 days of receiving your request. If we have any problems getting your information we will keep you up to date on our progress.

**How long records are kept.** The usual rules to do with keeping records are that

GP medical records are kept from birth, they are received by the practice on

registering and despatched to PSD on registering elsewhere or on death. (on occasions full sets of records may not be available due to historical record keeping). It should be noted that treatment abroad is not held in the medical record, unless provided by the patient.

**Points to consider.** Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form. We ask for proof of ID or a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

**Personal information.** Personal information is information we hold about people in medical records, patient administration and information systems, clinical systems, and other databases or files. We may hold personal information on paper or on computer.

**Health professionals .** An appropriate health professional may include your hospital doctor, nurse, midwife or health visitor, dentist, optician, pharmacist, clinical psychologist, occupational therapist, dietician, physiotherapist, podiatrist or speech and language therapist.

**DETAILS OF THE FORM**

**Section 1: Personal details.** This is the person to whom the data relates. Please ensure that this section is completed as fully and accurately as possible.

**Section 2: Information you want to access.** The General Data Protection Regulation covers both manual (paper) and computerised records. Manual records include all your paper health records. Some information about your care may also be held on computer.

If you wish to view the original record you will be invited to attend the Surgery at a convenient time, along with a health professional or appropriate other person. If you wish to receive photocopies these will be produced within 30 days.

If you have only asked for a copy of the relevant records, the healthcare professional responsible for your care may invite you to see them so that they can explain the information in your record. You do not have to take up this invitation, but it may be in your best interests to do so.

**Section 3: Identification.** Everyone must complete this section UNLESS you are providing:

* A certified copy of a Power of Attorney document
* A certified copy of a Guardianship Order

Because of the confidential nature of the information held by the organisation, it is essential for us to obtain proof of your identity and your right to receive any relevant information.

**Section 4: Declaration.** This must be completed by the applicant. Then send your completed form to David Trundle, Practice Manager, Colinton Surgery, hand in at Reception or email: [david.trundle@nhslothian.scot.nhs.uk](mailto:david.trundle@nhslothian.scot.nhs.uk). (Please note email from your private address may not be secure).