

BISCOT GROUP PRACTICE

v.1

Policy on Individual's access to their health records

Last reviewed November 2011

Next review due November 2013- unless legislation dictates otherwise

The purpose of this policy is to outline the necessary steps to be taken by the practice in order to provide patients with access to their health records

Under the Data Protection Act 1998, every living person has the right to apply for access to their health records, whether in manual or computerised form. The individual has the right to have a copy of their records or view the original. The individual has the right to see any record that they know exists: no cut off period exists.

The Data Protection Act allows the Practice to charge for this service

There are exemptions to this as follows: Information must **not** be disclosed if

- It is likely to cause serious physical or mental harm to the patient or to another person
- It relates to a third party who has not given consent for disclosure (where that third party is not a health professional who has cared for the patient)

The Data Protection Act 1998 only covers the records of living patients. If a person has a claim arising from the death of an individual, he or she has a right of access to information in the deceased's records necessary to fulfil that claim. The provisions are slightly different from those in the Data Protection Act. You must obtain documentary evidence to prove the individuals relationship to the deceased, you should request that the individual provides, in writing, the reason for access to the deceased patients record and you must ask a GP to go through the record to ensure that there is no clause included in that patients record asking that their record is not divulged

Process

When a patient requests access to their health records they must be advised that

- The application must be made in writing or by email
- The appropriate fee must be paid in advance

On receipt of a written application the patient will be sent an "Access to Health Records Consent Form" (see page 3 of this policy for an example of the form). Payment must be received before the application is processed (see page 4 of this policy for fees chargeable)

On receipt of the completed consent form fee the practice will comply with the request within 21 days.

The practice will take the necessary steps to prepare photocopies/printouts of the records to be sent to the patient by recorded delivery to their home address. Alternatively, if

appropriate, the practice will contact the patient to arrange for them to attend the practice to view their records- in this case we would advise that the patient sits with a GP

The patient has the right to have any unintelligible data explained to them (e.g. medical terms or abbreviations)

Preparation will include review of the patient's records by a Doctor, to ensure that there are no implications for third parties.

Special Conditions

- The data must not be tampered with
- The practice is not obliged to comply with a request where it has already complied with a similar or identical request by the same individual, unless a reasonable interval has elapsed
- If information is requested by a patient, and this identifies an individual as the source of the information (e.g. a relative has provided certain information), this can only be released if that individual consents to the release, or where it is seen as reasonable to comply with the request without that individuals consent (questions regarding the duty of confidentiality to that individual must be taken into consideration)

Complaints about this process

Complaints about any aspect of an application to obtain access to health records should be directed to the Patient Services Manager or the Practice Manager

BISCOT GROUP PRACTICE

**PATIENT REQUEST AND AUTHORISATION FORM
FOR THE RELEASE OF MANUAL AND/ OR COMPUTERISED HEALTH
RECORDS**

To: Blenheim Medical Centre
9 Blenheim Crescent
Luton LU3 1HA

Link Surgery
10 Wetherne Link
Luton LU4 9PE

1. Full Name (Mr/Mrs/Miss/Ms)

(former name- if relevant)

2. Date of Birth

3. NHS Number (if known)

4. Current Address

.....

.....

5. Telephone number

6. I am applying for (please delete as appropriate)

- Access to view my health records
- Copies of my health record

I understand that under the Data Protection Act 1988 there will be a charge for me to view or be provided with a copy of my health records. I agree to pay this fee in advance.

Signed **Date**

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FEES CHARGEABLE

To provide copies of health records: £20-50

To provide access for patient to view their health records

Records held totally on the practice computer £10

Records held in part on computer/in part manually £20