# Accessing your health records: guidance for patients: General Data Protection Regulation 2018

## How do I make an application?

Applications should be in writing (or can be emailed) to the appropriate address or email shown below. It is helpful in processing your application if you complete our Access to Health Records application form attached. This form should be completed with as much detail as possible which assists us in processing your application quickly.

## What is acceptable as proof of identity?

In order to process your request we require proof of your identity. Examples of the documents we accept are copies of birth certificates, driving licences, passports, marriage certificates or civil partnership certificates. Failure to provide evidence of identification will mean we cannot process your application. In case of solicitors applying for health records on your behalf, we accept a signed authority countersigned by your solicitors.

## What is the process for dealing with applications?

Once we have received your application, we will liaise with the relevant health care professional(s) for consent to release your health records to you. Once consent has been received we will contact you to make arrangements for you to either view your health records or, alternatively, you can have copies sent directly to you. We comply with the Information Commissioners Code of Practice.

## What charges are made?

Under the General Data Protection Regulation 2018 no charges will be made unless requests are excessive or you require additional copies.

## How long will my application take?

Once we have received your application, we will endeavour to process your request within 30 calendar days from the date of receipt. In exceptional circumstances the request can sometimes take longer and, in this instance, we will contact you to advise you accordingly.

## Can access to some or all of my records be refused?

Access to your records can, in exceptional circumstances, sometimes be refused for the following reasons:

Where disclosing the personal data would reveal information which relates to and identifies another person, unless that person has consented to disclosure. This does not apply to health care professionals involved in your care

Where permitting access to the data would be likely to cause serious harm to the physical or mental health or condition of the data subject or any other person

Where the request for access is made by another on behalf of the data subject, such as a parent or a child, access can be refused if the data subject had either provided the information in the expectation it would not be disclosed to the applicant or had indicated it should not be disclosed.

You will be advised if access to some or all of your records is refused.

## Access to health records for deceased patients

If you wish to access health records for a patient who is deceased then these applications are made under the terms of the Access to Health Records Act 1990. It is helpful in processing your application if you complete our application form which is available via the Trust website at:

<https://www.yorkhospitals.nhs.uk/your-visit/data-protection/>

## The Trust’s retention and destruction guidelines

* General Health Records are destroyed 8 years after last attendance
* Paediatric Health Records are retained until the patients is aged 25
* Maternity Health Records are retained for 25 years
* X-rays are retained for 7 years from the date of the last X-ray
* Deceased Health Records are destroyed 8 years after the date of death

## What if I discover an inaccuracy in my health record and want it rectified?

As part of the General Data Protection Regulation 2018 you can apply to have inaccuracies rectified if it is inaccurate or incomplete. You can do this by contacting the health care professional directly or via the Subject Access Team. See contact details below.

If it is decided that it is not appropriate to rectify your request then we will explain why.

For further information or to verify if we are holding health records that you require please contact the appropriate hospital:

| **Hospital site** | **Hospital address** | **Telephone number and email address** |
| --- | --- | --- |
| York Hospital | Subject Access Team, Health Records,  York Hospital,  Wigginton Road,  York,  YO31 8HE | Tel: 01904 725680  Email:  [subjectaccessrequests@york.nhs.uk](mailto:subjectaccessrequests@york.nhs.uk) |
| Scarborough Hospital | Subject Access Team, Medical Records, Scarborough Hospital, Woodlands Drive, Scarborough,  YO12 6QL    (This site also for applications for access to records held at Bridlington & Malton Hospitals) | Tel: 01723 342369 or 01723 342088  Email:  [sghsubjectaccessrequests@york.nhs.uk](mailto:sghsubjectaccessrequests@york.nhs.uk) |



## Application form for access to medical records (for living patients): general data protection regulations 2018

1. **Patient details**

|  |  |
| --- | --- |
| **Surname** | **Forename(s)** |
| Surname | Forename(s) |
| **Date of Birth** | **Telephone Number** |
| Date of birth | Telephone number |
| **Address** | |
| Address | |
| **Email Address** |  |
| Email address | |
| **Hospital Number (if known)** | **NHS Number (if known)** |
| Hospital number | NHS number |

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| --- |
| 1. **Applicant details** |
| I am the patient (continue to section C)  I am applying on behalf of the patient (please provide your details below) |
| **Applicant Name** |
| Surname Forename |
| **Applicant Address** |
| Address |
| **Applicant Telephone Number** |
| Telephone number |
| **Applicant Email Address** |
| Email address |

**C. Records required**

Please note that we are likely to need more time to reply to larger requests. **If your request is for a very large volume of information a charge may be applicable.**

|  |  |
| --- | --- |
| **Patient Information** | |
| Personal details | Appointment/Inpatient dates |

|  |  |
| --- | --- |
| **Hospital Casenotes (inpatient & outpatient records)** | |
| Clinical / Consultant notes | Test results |
| Letters |  |
| Nursing records (e.g. nursing checklists, assessments) | |
| Miscellaneous records (e.g. temperature and fluid charts, consent forms, etc.) | |
| **Radiology** | |
| Radiology reports | Radiology images |
| **Other Hospital Records** | |
| A&E Records | Maternity records |
| **Episodes of care** | |
| **Please detail which episodes of care you require records for. Approximate dates and details of consultant, department, ward etc. will help us to identify records.**  Episodes of care | |

|  |
| --- |
| **Other Records (Including Physiotherapy)** |
| **Please provide details of which service you were seen by including approximate dates and locations where possible**  Other record details |

Written records can be provided electronically or as paper copies. **Please note we are only able to supply radiology images on a CD. If you choose to have any written records by email we will post a disc to you.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Records to be provided…** | | | |
| Electronically by email | | | |
| Electronic copies on a disc… | | Paper copies… | |
| By post | | | |
| For collection from a hospital (please specify) | | | |
|  | York | | Scarborough |
|  | Bridlington | | Malton |

1. **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 these records under the terms of the Data Protection Regulation 2018

|  |  |
| --- | --- |
| **Category of applicant** | |
| I am the patient | |
| I have been asked to act by the patient and attach the patient’s authority. (Including Lasting Power of Attorney for Health & Welfare) | |
| I am acting in *loco parentis* as the patient is under the age of 16 and is incapable of understanding the request | |
| **Signature** | **Date** |
| Signature | Date |

**Please ensure you include proof of identity (see guidance notes)**