

## How you can get access to your information

The General Data Protection Regulations (GDPR) / Data Protection Act 2018 allows you to find out what information is held about you on computer and in certain manual records, including your health records and other systems. This is known as the “Right of Subject Access”, a Subject Access Request. The Regulations say that the information should be provided within one month but we aim to provide the information within 28 calendar days or sooner if possible. The application form and proof of identity must be provided in full in order for records to be provided within this time frame.

Although the GDPR does not require you to fill in a form, doing so will help the Trust in identifying the information you require and guide you in what proof of identity you need to provide. If you choose apply by letter we would ask you to be as clear as possible in stating the information you require and to provide the proofs of identity. We have provided a form at the end of this leaflet.

**Please be as detailed as possible when requesting information, for instance stating date ranges, appointment types or specific letters.**

### *For Patients*

1. For access to the records of living patients, the General Data Protection Regulations / Data Protection Act 2018 became effective from 25 May 2018, and superseded the Data Protection Act 1998 and the Access to Health Records Act 1990. For access to the records of deceased patients, The Access to Health Records Act 1990 which came into force on the 1st November 1991 still applies to manual records created from that date though we would also provide computer records.
2. People who can apply for Patient Records include:
  - ❖ the Patient about whom the record has been compiled (the Data Subject), or
  - ❖ someone acting on behalf of the patient, for example
    - by written authorisation of the Patient
    - by exercising parental rights – young people of 13 years and above can apply in their own right or should give consent to parental request. Parents can apply for information on their children and young people under 13.
    - by Lasting Power of Attorney – Personal Welfare and also LPA Finance and Personal Affairs, naming both the Attorney(s) and the Patient. N.B. only LPA Personal Welfare can act on the information.
    - by court appointment e.g Deputy under the Mental Capacity Act
    - a deceased patient’s personal representative, usually the executor of the estate or the next of kin
    - someone with a claim arising from the death of the patient

Before records are released we will seek the advice of a clinician, usually the consultant in charge of the patient care, to ensure that no information about an individual’s physical or mental health or condition will be released if it would be likely to cause harm to them or another person’s physical or mental health condition. We will also withhold information provided by third parties where we don’t have consent to release it or where the patient has made it clear that they did not want the information disclosed.

For Radiology images – X-rays, CT, MRI etc – we have introduced a new system called IEP to Anyone (IEP=Image Exchange Portal). This system uses email to send you a link to your images, and a pin number for secure access. Please provide an active email address for the link, and your mobile number to receive the pin. You will receive the pin via text message once you have clicked the link in the email. If you do not have a mobile phone, please add a second email address so that you can receive the pin number. Please check your email (and spam) regularly for the email. You will have 14 days to download your images. You can also share your images once.

### 3. Proof of Identity

Please note the following requirements. Applications can only be actioned if all the supporting information is provided. This is required for each applicant.

Please enclose copies of **two proofs of ID, one from each category.**

**Category One: (photographic ID)**

- Passport
- Photographic Driving License
- Birth Certificate
- Marriage Certificate
- Lasting Power of Attorney – Personal Welfare
- Deputyship under the Mental Capacity Act
- Staff ID Card

**Category Two: (proof of address ID)**

- Utility Bill with current address – gas, electricity, phone, broadband
- Appointment or clinic letter
- Benefit Statement e.g. child benefit, DLA, PIP, Pension
- Bank statement
- Building Society Payment
- Credit Card Statement

Additional information may also be required:

For a parent guardian request for a child, please also provide copies of:

- Birth certificate of the child
- Court order of parental responsibility (if applicable)

For a request regarding a deceased patient a copy of one of the following:

- Last Will & Testament (of the deceased) naming you as the executor
- Solicitor letter granting executor status
- Grant of probate

For a request from any person with a claim arising from the death of a person:

- Evidence of the claim (e.g. a solicitor's letter)

4. The **fees** for access to records and provision of records are as follows:

For **Patients / deceased patients** **free**

For **Staff, Volunteers and Job Applicants** **free**

For **others (requests falling outside the above)** **free**

**UNLESS** the request is  
**manifestly unfounded, excessive or repetitive**

In which case the Trust can either

- charge fees as follows:-  
10p per side plus post and packaging

Or

- Refuse the request

We will write to let you know if either is the case and will try to work with you to reduce fees/scope of the request so that we can provide information.

5. You can ask for corrections to the record. The Trust will either make the necessary correction or make a note in the relevant part of the record of the matters which you say are inaccurate. You will be provided with a copy of the correction or note free of charge.
6. In line with General Data Protection Regulations / Data Protection Act we aim to provide a copy of the record within one month of receipt of the completed application form and fee (if applicable). Please bear in mind the turnaround time if you have upcoming appointments where the records may be required. It is also not possible to provide copies of records for in-patients as the records are still required on the ward.
7. If you wish to make a complaint on any aspect of the way in which we have handled your request for access to your information, you can write to the Director of Corporate Governance. Please see below for details.
8. Confidentiality – Everyone has the right to have their information kept confidential and record holders are obliged to be satisfied that an applicant is who they say they are, or is otherwise entitled to access of that information. Please provide proofs of your ID as defined above with your application.
9. The information that you provide in the course of making an application will only be used for the purposes of processing the application. We retain the application in accordance with the Records Management Code of Practice for Health and Social Care 2016. This is currently 3 years following close of the request or 6 years where there has been a subsequent appeal. At the end of the period it will be destroyed in a secure and confidential manner.

Please send completed application form / letter of request to:

- **Patient Records:** Subject Access Team – IG, Vera Brown House
- **Radiology Images** (X-Ray, CT, MRI etc): Radiology Access Manager
- **Physiotherapy:** Physiotherapy Service Manager
- **Wolverton Centre : Wolverton Centre Managers**
- **Assisted Conception Unit/Fertility : Assisted Conception Managers**  
[khft.acumanager@nhs.net](mailto:khft.acumanager@nhs.net) or Level 7, Kingston Private Health, Assisted Conception Unit, Esher Wing, Kingston Hospital
- **Staff / Volunteers / Governors / Non-executive Directors/ Job Applicants:**  
Director of People
- **Legal Claims** – Claims Manager
- **Others:** Ms Janice Sorrell, Head of Information Governance / Data Protection Officer

**Complaints / Appeals:** Director of Corporate Governance

All at:

**Kingston Hospital NHS Foundation Trust**  
**Galsworthy Road**  
**Kingston Upon Thames**  
**Surrey KT2 7QB**

Should you remain unhappy after a complaint or appeal to the Director of Corporate Governance, you can apply to:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Tel: 0303 123 1113 (local rate) or 01625 545 745 if you prefer to use a national rate number  
Fax: 01625 524 510

Office Use Only:

Date Received:

Ref No:

Due Date:

Date Closed:



# Application For Access To Health Records

General Data Protection Regulations 2016 / Access To Health Records Act 1990

**Please complete the application form in BLOCK CAPITALS and BLACK INK.**

## The person whose record is requested – the Data Subject

NHS Number ..... Hospital Number .....

Surname .....

Forename(s) .....

Date of Birth .....

Address .....

.....

.....

Post Code .....

Telephone Number .....

### For IEP – Radiology Images

Email Address .....

Mobile Phone No / 2<sup>nd</sup> email .....

### Applicant Details (if different from above or write N/A)

Surname .....

Forename(s) .....

Date of Birth .....

Address .....

.....

Post Code .....

Telephone Number .....

Relationship to the Subject .....

**Please give details below of the information you are seeking.**

*(If you and your partner are both applying, please complete separate forms and request the same information)*

.....  
.....  
.....

For **Patients Records** Please tick one option only

- Provision of a **copy of the paper/ electronic health records** only
- Provision of a **copy of x-rays MRI CT only**
- Provision of a **copy of the health records and x-rays MRI CT**
- For **Others (requests falling outside the above)**

**Declaration By Applicant** ...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 the information referred to under the terms of the General Data Protection Regulations 2016 / Data Protection Act 2018 / Access to Health Records Act 1990.

Please tick as appropriate

- I am the patient, and I enclose two proofs of identity
- I have been asked by the patient to act as their representative and they have signed below to confirm this. I enclose two proofs of identity from myself and the patient
- I am acting on behalf of a child under the age of 16  
I enclose a copy of the child's birth certificate / court order of parental responsibility (if applicable)
- I have a lasting Power of Attorney (Health and Welfare) and attach a copy
- I am a Deputy under the Mental Capacity Act for Health and Welfare and attach a copy
- I am the deceased person's Personal Representative / Executor and attach a copy of their Will / Solicitor's letter / Grant of Probate
- I have a claim arising from the patient's death and wish to access information relevant to my claim the details of which are as follows (solicitor's letter attached)

.....  
.....

**Signature**.....  
Patient

**Signature**.....  
*Applicant*

***(Please provide hand written signature)***

**Date**.....