

Information Governance Department  
Support Services Building  
Lakin Road  
Warwick Hospital  
CV34 5BW  
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**APPLICATION FOR ACCESS TO HEALTH RECORDS & RADIOLOGY IMAGES -  
GENERAL DATA PROTECTION REGULATION (GDPR) & DATA PROTECTION ACT  
2018/ ACCESS TO HEALTH RECORDS ACT 1990**

**Details of record to be accessed**

Hospital:	<b>South Warwickshire NHS Foundation Trust</b>
Patient Surname:	
Patient Forename:	
Patient Address:	
Postcode:	
Patient E-mail Address:	
Telephone No.	
Patient Date of Birth:	
Patient NHS Number: (Provide if known)	
Hospital Number: (Provide if known)	

**Details of the applicant (if different from above)**

Surname:	
Forename(s)	
Address:	
Postcode:	
Applicant E-mail address:	

Record(s) /X-Ray(s) in respect of treatment for .....

.....

.....state condition/illness (if known)

in and around..... (approximate date)

## 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 the health records referred to on the previous page, under the terms of GDPR & Data Protection Act 2018/*Access to Health Records Act 1990* on the grounds that (tick appropriate box):

- I am the patient.
- I have been asked by the patient and attach the patient's written authorisation.
- I am acting in *loco parentis* (**section 4 below**) and the patient is under the age of 16 and:
  - is incapable of understanding the request.
  - has consented to me making the request.
- I am the patient's Personal Representative due to lack of capacity and attach confirmation of my appointment (Power of Attorney / DoLS authorisation)
- I am the deceased patient's Personal Representative and attach confirmation of my appointment (Grant Of Probate/Letters of Administration/Copy of the Will)
- I have written and witnessed consent from the deceased person's Personal Representative and attach Proof of Appointment.

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## Identification Required

Identification is required before records can be released (see page 3, item 5 for further details). I have included the copies of the following two forms of ID (please tick):

- Current Driving Licence
- Current Passport
- Marriage / Birth Certificate
- Recent utility bill with current address
- P45/P60
- Recent credit card or mortgage statement
- Evidence of parental responsibility (where appropriate)

**PLEASE DO NOT SEND ORIGINALS OF ANY DOCUMENTS**

<p><b>Signature</b></p>  <p><b>Signed..... Date .....</b> <b>(Applicant)</b></p>
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This form should be returned to [information.governance@swft.nhs.uk](mailto:information.governance@swft.nhs.uk) or posted to the address on page 1.

**SOUTH WARWICKSHIRE NHS FOUNDATION TRUST****DATA PROTECTION ACT 2018****SOME QUESTIONS ANSWERED****INTRODUCTION**

The GDPR and Data Protection Act, (DPA) 2018, give patients a right of access to their health records. In the light of this, South Warwickshire NHS Foundation Trust encourages informal, voluntary arrangements whereby patients who, during treatment, ask to know what has been recorded about them are allowed to see their records at the discretion of the health professional responsible for their treatment.

The Act does not stop such arrangements and the Trust supports the principle of greater access to personal health information without recourse to the Act in the first instance. Patients can also make a formal request for copies of their records.

**1. What records can I see?**

A health record, for the purposes of the Act, is one which relates to the physical or mental health of an individual which has been made by or on behalf of a health professional in connection with the care of that individual.

**2. Will there be a charge?**

Under GDPR and DPA in most cases the Trust will not charge a fee to comply with a subject access request. However, where the request is manifestly unfounded or excessive the Trust may charge a "reasonable fee" for the administrative costs of complying with the request. The Trust can also charge a reasonable fee if an individual request further copies of their data following the first request.

**3. How do I apply for access to my records?**

Applications should be made in writing using this form.

**4. Who has the right of access?**

- The patient.
- A person authorised in writing to apply on behalf of the patient.
- The person having parental responsibility for the patient (a child) "*parental responsibility*" means all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property. Proof of parental responsibility may be requested, such as birth certificate, court award.
- Any person appointed by the Courts to manage the affairs of a patient who is deemed to be incapable.
- Where a patient has died, the patient's personal representative (usually the executor of the will, or person granted probate or administration), or any person having a claim arising from the death.

**5. Identification Required**

In order to maintain confidentiality and to confirm your identity; before copies of the requested health records are released, please provide **copies** of **2 forms of ID**, namely:

- Current Driving Licence
- Current Passport
- Marriage / Birth Certificate
- Recent utility bill with current address
- P45/P60
- Recent credit card or mortgage statement
- Evidence of parental responsibility (where appropriate)

**PLEASE DO NOT SEND ORIGINALS OF ANY DOCUMENTS**

**6. Can access be denied to me?**

There are sections in the Act which state that under certain conditions, access can be refused.

Instances where access may be denied are:-

- Where the holder of the records is not supplied with such information to satisfy himself as to the identity of the applicant and locate the information requested.
- Where the patient has died and the record includes a note made at the patient's request that they did not wish access to be given to their personal representative or to any person having a claim arising from the patient's death.
- Where in the opinion of the record holder, the information may cause serious harm to the physical or mental health of the patient or other individual.
- Where the information sought contains the personal information of a third party, who would be identified from that information.

**7. Confidentiality**

The Trust takes positive action to maintain the confidentiality of its patients' personal information. All individuals have a right to the confidentiality of their personal information. Holders of records are obliged by law to be satisfied that an applicant is entitled to access the requested records. This involves at least identity verification, therefore it is our policy to ask for a minimum of 2 copies of identification documents, as highlighted in section 5. In some circumstances, further enquiries may also be made.

If the Trust is not satisfied as to the identity of the applicant then the request will not be complied with, so as to avoid the potential for an inadvertent disclosure of personal data resulting to a data breach.

**8. How long does the process take?**

Under DPA, records should be disclosed within one calendar month.

**9. What if I do not agree with what is written in the records?**

Records which contain factual inaccuracies may be corrected after discussion with the appropriate health professional. This does not apply to matters of opinion which may be written in the course of your treatment. No fee will be charged for any correction.

**10. How do I return the form?**

By e-mail to [information.governance@swft.nhs.uk](mailto:information.governance@swft.nhs.uk)

Or by post to Information Governance Department, Support Services Building, Warwick Hospital, Lakin Road, Warwick, CV34 5BW.

**11. Who can I contact if I have any questions?**

You can call the Information Governance team on 01926 495321 extension 8351 or 4141.

The office is normally staffed Monday to Friday, 09:30 to 16.00, if no-one is available to take your call please leave a message.