

Patient Access to Medical Records

Information Leaflet Access to Health Records

The General Data Protection Regulation 2018 gives every living person, or an authorised representative, the right to apply for access to their health records. A request for your medical health records held at Blackhall & Peterlee Practice should be made on the form below to the data controller who is Antony White, Business Manager (please contact the Practice for alternative methods of obtaining access if you are unable to make a request using the form).

Under the GDPR there is no fee to view your health records or to be provided with a copy of them.

Copies will be provided in an electronic format where possible and you will have to provide an email address we can send your records to.

The data controller is not obliged to comply with your access request unless they have sufficient information to identify you and to locate the information held about you.

Once the data controller has all the required information, your request should be fulfilled within 30 days (in exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met).

In some circumstances, the data controller may have to withhold information held in your health record.

These cases are:

- Where it has been judged that supplying you with the information is likely to cause serious harm to the physical or mental health or condition of you, or any other person, or;
- Where providing you with access would disclose information relating to or provided by a third person who had not consented to the disclosure, this exemption does not apply where that third person is a clinician involved in your care.

When making your request for access, it would be helpful if you could provide details of the time periods and aspects of your health record you require (this is optional, but it may help save the practice time and resources and reduce the cost of your access request)

If you are using an authorised representative, you need to be aware that in doing so they may gain access to all health records concerning you, which may not all be relevant. If this is a concern, you should inform your representative of what information you wish them to specifically request when they are applying for access.

If you have any complaints about any aspect of your application to obtain access to your health records, you should first discuss this with the clinician concerned. If this proves unsuccessful, you can make a complaint through the NHS Complaints Procedure by contacting the Practice formally.

Consent for children (Gillick Competence)

GDPR considers that anyone aged 13 or over can consent to their medical records as long as they have suitable capacity to do so.

Anyone aged 16 or more will be presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for him/herself, someone with parental responsibility should do so on his/her behalf by signing this Form below.

Please see a GP at our practice if you are under 16 and are considering putting in a request.

Patient Access to Medical Records – Request Form

Access to Health Records (Subject Access Request)

Patient's authority consent form for release of health records
(Manual or Computerised Health Records)

print all details and use dark ink

YOUR GPs NAME:

Select your branch -

Blackhall Community Health Centre
Hesleden Road
Blackhall
Cleveland
TS27 4LQ

Peterlee Community Hospital
O'Neill Drive
Peterlee
Co Durham
SR8 5TZ

Identity of individual about whom information is requested:

Full Name	Former name (s)
Current Address	Former Address (with dates of change)
Date Of Birth	NHS Number (if known)
Contact Phone Number (including area code)	Email Address

What is being applied for (tick as applicable). In doing so you understand you may have to pay a fee for access or copies of your records.

I am applying for access to view my health records

I am applying for copies of my health record

You do not have to give a reason for applying for access to your health records. However, to help the Practice save time and resources, it would be helpful if you could provide details below, informing us of periods and elements of your health records you require, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc.

Please use the space below to document this information:

Please continue on additional pages if required

Please tick the appropriate box, identifying whether you or a representative on your behalf is applying for access.

I am applying to access my health records	<input type="radio"/>
I have instructed my authorised representative to apply on my behalf	<input type="radio"/>

If you are the patient's representative please give details here:

Name and address of representative
Contact number and email
Signature of representative

I confirm that I give permission for the Practice to communicate with the person identified above in regards to my medical records.

Name of applicant (printed)
Signature of applicant