**HOSPITAL NO: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



APPLICATION FOR ACCESS TO HEALTH RECORDS

(On behalf of the child by the Parent/Guardian)

DATA PROTECTION ACT 2018 INCORPORATING THE GENERAL DATA PROTECTION REGULATIONS 2018

## IN CONFIDENCE

Please read the Information Notes prior to completing this form in ink using block capitals. On completion return to:

**Access to Health Records Dept, Milton Keynes University Hospital NHS Foundation Trust, Standing Way, Eaglestone, Milton Keynes, MK6 5LD**

**Accesstohealthrecords@mkuh.nhs.uk**

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former/MaidenName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  IS THIS APPLICATION PART OF A COMPLAINT?

 YES NO

# WHICH OF THE FOLLOWING DO YOU REQUIRE?

# Medical Records: Yes No Accident & Emergency: Yes No

#

# X-Rays/Scans/Images: Yes No Blood Test Results: Yes No

**Please Be Aware That X-Rays Will Be On Disc**

**Please state what form you would like your medical notes in:**

Paper copy Disc Email

**(Please note emails will be sent encrypted and you will need to call the Access to Health Records office to obtain the password)**

COMMENTS (Please provide any relevant information to help us identify the records you require)



### How would you like to receive your records.

### Collect in Person

Posted

### Please be aware that records can only be posted if we have received photo ID. These will be sent Special Delivery and will require a signature

### DISCLOSURE OF INFORMATION

Please read the Information Notes prior to completing this form in ink using block capitals

**DECLARATION**

I declare that the information given in this form is correct, to the best of my knowledge, and that:

I am the parent/guardian of the person named overleaf.

**As proof of my identity and responsibility of the patient/child I attach a copy of my:**

Photo ID and Proof of Address (E.G Driving Licence/Passport & Utility Bill/ Bank

Statement)

**As proof of the patient/Childs Identity I attach a copy of their:**

* Birth Certificate

**And Proof of Address (Only one needed):**

* Recent Correspondence – no longer than 3 months old
* Letter from doctor/hospital
* Child Benefit book/letter

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### WARNING

### You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

**INFORMATION NOTES**

* The Data Protection Act 2018 incorporating the General Data Protection Regulations (GDPR) clarifies that the reason for allowing individuals to access their personal data is so that they are aware of and can verify the lawfulness of the processing. Under the new Data Protection Act 2018 you have the right to obtain all of the information that the Trust holds about you.
* Your rights of access are subject to the Trust’s right to withhold information which might cause serious harm to physical or mental health or might identify a third party
* Individuals are entitled to have personal data rectified if it is inaccurate or incomplete.
* Personal Data rectification requests are to be made in writing to the Information Governance Department. The applicant is entitled to a copy of the correction, or if it is not corrected, a copy of the note recording the record holder’s comments on the request.
* The trust will endeavour to deal with your request within a 21 day time limit (NHS best practice). However, by law we have 30 days to respond, if this is likely to take longer the applicant will be warned and an explanation of the delay provided.
* Complaints may be forwarded to The Trust’s Information Governance Manager at the address below. Alternatively you can send your complaint directly to the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, SK9 5AF.
* When you complete the attached Access to Health Records form, please note that you will be required to provide identification as stated on the request form.

###### Confidentiality

The Trust takes positive action to maintain the confidentiality of its patients’ personal information. Holders of records are obliged by law to be satisfied that an applicant is entitled to access the requested records. This may involve at least identity verification but may, in some circumstances, also require further enquiries to be made.

**Disclosure of Information Form**

Please ensure that you have completed the Disclosure of Information form and that you have signed the Declaration section in ALL cases. If applying on behalf of another person please ensure the authorization section is also completed.



**We CARE**

**Current Charges 2019**

**Providing copies of Patient Health Records**

Free of charge

However, we may charge a ‘reasonable fee’ when a request is manifestly unfounded or excessive, particularly if it is repetitive.

We may also charge a reasonable fee to comply with requests for further copies of the same information.

The fee will be based on the administrative cost of providing the information.

**Viewing records**

Free of charge

An appointment MUST be arranged with the Information Governance Department prior to viewing records electronically.

**Insurance forms**

There is No Charge for officially stamping Insurance forms

Consultant statement/completion is £30.00

