**APPLICATION FOR ACCESS TO HEALTH RECORDS**

**(On behalf of the Patient)**

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/Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 state of which form you would like your medical notes.**

 Paper copy Email Disc IEP (image exchange portal)

**(Please note Imaging Discs are compatible with Windows only, emails will be sent encrypted. You will receive an email / telephone call of confirmation of the required password upon your records being posted.**



**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 acting on behalf of the person named overleaf.

**As proof of my identity I attach a copy of my:**

Photo ID and Proof of Address (e.g. driving license/Passport & Utility Bill/Bank Statement).

**As proof of the patients Identity I attach a copy of their:**

Photo ID and Proof of Address (e.g. driving license/Passport & Utility Bill/Bank Statement).

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

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

**AUTHORISATION FROM**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorise Milton Keynes University Hospital NHS Foundation Trust to release any Personal Data /records they may hold, relating to me to: (Enter the name of the person acting on your behalf) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have given consent to act on my behalf:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WARNING**

You are advised that the making of false or misleading statements 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 that 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 one calendar month to respond, if this is likely to take longer the applicant will be warned and an explanation of the delay provided.
* Complaints may be taken up with 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 and Certification section in ALL cases. If applying on behalf of another person, please ensure the authorization section is also completed.