

UK DATA PROTECTION ACT 2018 & EU GENERAL DATA PROTECTION REGULATIONS**OR****ACCESS TO DECEASED PATIENT RECORDS (UNDER ACCESS TO HEALTH RECORDS ACT 1990)****PLEASE READ THE FOLLOWING INFORMATION CAREFULLY****Who can make a request for access to personal information?**

Patients who have a relationship with the Trust, have a right under the UK Data Protection Act 2018 (DPA 2018) and EU General Data Protection Regulations (GDPR) to access personal data about themselves.

There are certain circumstances where individuals may request to have access to another person's records:

- Normally a person with parental responsibility will have the right to apply for access to their child's health record. However, we will give careful consideration to the duty of confidentiality owed to the child. This is because some children under the age of 16 have the capacity and understanding to make a decision about access to their personal information. Therefore, the final decision to provide access will be made by those involved in the health care of the child. Proof of entitlement and ID is outlined on the Request Form.
- For patients who may lack mental capacity to make their own decisions and also to apply for access to their own records, the Act does allow certain other individuals a right of access. However, in order to protect these patients, there are strict requirements which must be met, as outlined on the Request Form.
- Consent from a patient may be given for someone else to make a request to access their records; certain requirements need to be met before we can provide access.
- There are circumstances where the records of deceased patients can be accessed by their personal representative.

What you can expect to have access to

It is expected that you will be able to have access to copies of all of your records. However, there are occasions when this may not be possible (under these legislations), because the release of the record may;

- Cause serious harm to your physical or mental health or any other person, or;
- Disclose information relating to (or have been provided by) another person not involved in your care and who has not consented to the disclosure

If this is the case, that element of the record will be obscured or redacted (not included).

What you need to do

Your request may be submitted verbally or in writing and you will need to provide copies of your ID and/or provide proof of entitlement. A request does not need to be in a particular format. We have, however, produced this Subject Access form that may assist you to provide the information that we need to deal with your request, but it is not mandatory that it is completed.

Please note that the Trust is obligated to comply with requests ‘promptly’ and in any event within 1 calendar month of the date on which the request is received by the correct responsible officer. Any delays in getting the required information will be notified by return post to the address given on your form.

REQUEST FOR ACCESS TO MEDICAL RECORDS UNDER THE UK DPA 2018, EU GDPR 2018 & THE UK AHRA 1990 (FOR DECEASED PATIENTS)	
Personal information provided in this form is required to enable your request to be appropriately processed in accordance with the above, and will only be used in conjunction with this request	
SECTION 1 – Contact Details of Person Making The Request	
Surname:	First name: Title: Dr / Mrs / Miss / Ms / Mr / Master / Other
Current Address (including postcode):	Telephone contact number: E-Mail Address:
If you are not the person to whom records relate please state relationship to person:	Any confidential information sent from the Trust via email will be sent securely. In the eventuality that we have to send confidential information insecurely, we will only do so with your explicit permission.

SECTION 2 – Details of Person To Whom The Records Relate	
Surname:	First name:
	Title: Dr / Mrs / Miss / Ms / Mr / Master / Other
Other names by which known e.g. when changed by marriage:	Date of Birth:
Address at time of treatment/ contact with the Trust (including postcode)	NHS/Hospital number if known:
<p>Please tick as appropriate:</p> <input type="checkbox"/> I am the patient/service user to whom the records relate <input type="checkbox"/> I have the patient's consent <input type="checkbox"/> I am a legal parent/guardian and have responsibility for a patient under age 16 years <input type="checkbox"/> The patient is incapable of managing their own affairs <input type="checkbox"/> The patient is deceased.	<p>Please tick as appropriate (details are on the checklist at the end of the request form):</p> <input type="checkbox"/> I have attached ID as per the checklist <input type="checkbox"/> I have attached evidence of consent/authority
SECTION 3 – Details Of Records Required	
<p>Name of hospital(s) at which care/treatment received and/or departments you have had contact with.</p> <p>Please tick all that apply</p> <input type="checkbox"/> Princess Royal Hospital (Haywards Heath) <input type="checkbox"/> Royal Alexandra Children's Hospital (Brighton) <input type="checkbox"/> Royal Sussex County Hospital (Brighton) <input type="checkbox"/> Southlands Hospital (Shoreham-By-Sea) <input type="checkbox"/> St Richard's Hospital (Chichester) <input type="checkbox"/> Sussex Eye Hospital (Brighton) <input type="checkbox"/> Worthing Hospital (Worthing)	<p>Records required, e.g. physiotherapy/ nursing notes. It will help us to locate the records if you can give us as much information as possible:</p>

Dates Of Records Required

Section 4 – What Information Is Required to Enable Request To Proceed

Please ensure you tick only **ONE** option, as appropriate:

- I wish to view the records (*The Trust will contact you to make an appointment to view on-site*)
- I require copies of the **SPECIFIED** hospital(s) records (see section 3.)
- I require **ONLY** copies of x-rays & imaging (including MRI, CT etc.) on an encrypted disc.
- I require copies of the specified hospital(s) records and copies of x-rays & imaging on an encrypted disc

Please confirm if disc is for Mac or Windows (delete as appropriate)

SECTION 5 – PROOF OF IDENTITY – please supply either;

- 1 item from list A & 1 from list B, or,
- 3 items from list B (At least 1 item must show current name & registered address), or,
- a copy of a letter from a solicitor (please tick list C)

LIST A

- Valid passport – any nationality
- UK birth certificate issued within 12 months of date of birth.
(If current surname differs please also supply proof of name change)
- UK issued driving licence (paper licences dated prior to 2000 are not acceptable)
- EU photo identity card (EU countries only)
- Home Office residence permit to EU nationals
- HM forces ID card
- Current UK Firearms licence

LIST C

- Letter from solicitor (it is assumed that the solicitor will have verified your ID before acting on your behalf)

LIST B

- Birth certificate (If current surname differs please also supply proof of name change)
- Work permit/visa (within last 12 months)
- Certificate of British nationality
- Credit/store card/mail order statement (within last 3 months)
- Bank/building/mortgage society statement (within last 3 months)
- Utility bill (within last 3 months)
- Local authority rates/tax bill
- Entitlements of Benefits (within last 12 months)
- Financial statement e.g. pension, ISA
- Confirmation from an electoral register search that a person of that name lives at that address
- Vehicle Registration document
- National Insurance card
- P45/P60 statement (within last 12 months)
- Addressed payslip (within last 3 months)
- Marriage certificate (if still current)
- UK NHS card
- TV licence (within last 12 months)
- Court claim form (within last 12 months)
- Exam certificate e.g. GCSE, NVQ

Section 6 – Proof of Entitlement to Have Access To Another Person’s Records (Please complete as appropriate)

<p>Own record request:</p> <p><input type="checkbox"/> No proof required</p>	<p>Request for access to another living person’s record:</p> <p><input type="checkbox"/> Letter of consent and copy of ID (see section 5)</p>
<p>Mental Capacity request:</p> <p><input type="checkbox"/> Enduring Power of Attorney</p> <p><input type="checkbox"/> Court Order</p> <p><input type="checkbox"/> Appointed Receiver</p>	<p>Parental responsibility request:</p> <p><input type="checkbox"/> Proof of parental responsibility e.g. Court Order if parents are divorced, Adoption papers, or any other relevant documents</p>
<p>Deceased Patient’s records:</p> <p><input type="checkbox"/> Section of will naming you as Executor/Administrator</p> <p><input type="checkbox"/> Copy of Grant of Probate</p> <p>If unable to produce any of the above evidence, please give reason for the request to access deceased records:</p>	<p><input type="checkbox"/> Copy of letters of administration</p> <p><input type="checkbox"/> Other legal evidence showing entitlement e.g. letter from solicitor outlining details of a claim</p>

Section 7 – Your Declaration:

I declare that the information given by me on this form is correct to the best of my knowledge and that I am entitled to apply for access. The copy evidence I have provided is an exact copy of the original document. I understand that providing a false representation is a prosecutable offence under sections 2 & 6 of the UK Fraud Act 2006.

Signed:

Dated:

Section 8 – Return Of The Completed Form, ID And Evidence

Please return the completed form and your copy documents via post or E-Mail to:

<p>For Royal Sussex County or Princess Royal Hospitals:</p> <p>Princess Royal Hospital Subject Access Request Team Lewes Road Haywards Heath West Sussex RH16 4EX ☎ 01444 441881 Ext 68013 ✉ uhsussex.subject.access@nhs.net</p>	<p>For Southlands, St Richard’s or Worthing Hospitals</p> <p>Worthing Hospital Subject Access Request Team Lyndhurst Road Worthing West Sussex BN11 2DH ☎ 01903 205111 Ext 85645 ✉ uhsussex.subject.access@nhs.net</p>
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Any Other Relevant Notes for The Subject Access Request Team;

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