

# CADWGAN SURGERY

## HOW TO MAKE A SUBJECT ACCESS REQUEST

### Introduction

This policy provides the Practice with a process for the management of requests for personal information, for living individuals, under the General Data Protection Regulations (GDPR) and, for deceased individuals, the Access to Health Records Act 1990.

It defines a process for achieving legislative requirements and ensuring effective and consistent management of such requests.

You are entitled to be:

- Told whether any personal data is being processed;
- Given a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations or people; and
- Given a copy of the information comprising the data; and given details of the source of the data (where this is available).

This extends equally to all relevant records relating to living individuals, including records held in the private health sector and health professionals' private practice records.

Access encompasses the following rights:-

- To obtain a copy of the record in permanent form
- To have information provided in an intelligible format

### Scope

This policy applies to any request made by a patient for access to their personal information held by the Practice.

### Who can make an Access Request?

An application to the Practice for access to personal data may be made by any of the following:-

- an individual
- a person authorised by the individual in writing to make the application on an individual's behalf e.g. solicitor, family member, carer
- a person having parental responsibility for the individual where he/she is a child.

- a person appointed by a court to manage the affairs of an individual who is deemed incompetent
- individuals who hold a health and welfare Lasting Power of Attorney

## **Application**

- Make a written application to our Practice, by completing in **Appendix A**.
- Provide such further information as the Practice may require to sufficiently identify the individual

## **Fees and Response Time**

Under GDPR the Practice must provide your information free of charge. However, we can charge a “reasonable fee” when a request is manifestly unfounded or excessive, particularly if it is repetitive.

The fee is based on the administrative cost of providing the information only.

Your request will be initially passed to your usual GP who will manage the Subject Access Request.

Your request must be complied without delay and at least within **one calendar month** of receipt of the request. This period can be extended for a further two months where requests are complex or numerous. However, the Practice must inform you within one month of receipt of the request and explain why the extension is necessary.

## **The Release Stage**

The release of a health record is subject to consultation with either:-

- The GP who is currently, or was most recently, responsible for your clinical care in connection with the information which is the subject of the request
- Where there is more than one GP, the GP who is the most suitable to advise on the information which is the subject of the request

Once the records have been collated, and copied, the practice will notify you and to arrange collection.

## **Monitoring and Review**

Mrs Shelagh Hughes, Practice Manager monitors all Subject Access Requests, to ensure the correct process has been followed, and monitors any appeals/complaints relating to Subject Access Requests.

# Appendix A: Form - Request for Access to Records

The Access to Health Records Act 1990 and GDPR give patients/clients/staff or their representatives a right of access, subject to certain exemptions, to their health records. Cadwgan Surgery respects the rights of individuals to have copies of their information wherever possible.

**Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this Subject Access Request.**



**Charges Payable:** In accordance with legislation **no fee** will be charged for your request, unless the request is manifestly unfounded or excessive, particularly if it is repetitive. Before any further action is taken, we will contact you with details of our “reasonable administrative charges” in order to comply with your request.

**PLEASE COMPLETE IN BLOCK CAPITALS – Illegible forms will delay the time taken to respond to requests.**

1.	<b>Details of Patient/Clients/Staff members records to be accessed</b> (Please complete one form per person)									
Surname					Date of Birth					
Forename(s)					Current Address					
Any former names (If Applicable)					Full Postcode					
Home Telephone Number					Previous Address (If Applicable)					
Mobile Telephone Number										
NHS Number (If known/relevant)					Full Postcode					
If further details are available please include in a separate covering note.										

2.	<b>Details of Records to be Accessed</b>									
In order to locate the records you require please provide as much information as possible. Please list the department or services you have accessed that you require records from: i.e. PALs, complaints, continuing healthcare or Human resources etc (Continue on a separate sheet if required).										
<b>Records dated from</b>					<b>Department or services accessed</b>					
/ / to / /										
/ / to / /										
/ / to / /										

3.	<b>Details of applicant</b> (Complete if different to patients/clients/staff members details)									
Full Name										
Company (if Applicable)										
Relationship with individual who's records have been requested										

Address to which a reply should be sent		Postcode:		Tel:	
4.	<b>Authorisation to release to applicant</b> (to be completed by the patients/clients/staff member if not making their own request)				
<p>I (Print name) _____ hereby authorise the [PRACTICE] to release any personal data they may hold relating to me to the above applicant and to whom I authorise to act on my behalf.</p> <p>Signature of patient/client/staff member : _____ Date:     /     /</p>					
5.	<b>Declaration</b>				
<p>I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record(s) referred to above, under the terms of the Access to Health Records Act (1990) or GPDR.</p> <p><b>Please select one box below:</b></p> <p><input type="checkbox"/> I am the patient/client/staff member (data subject).</p> <p><input type="checkbox"/> I have been asked to act on behalf of the data subject and they have completed section 4 -authorisation above.</p> <p><input type="checkbox"/> I am acting on behalf of the data subject who is unable to complete the authorisation section above (Covering letter with further details supplied).</p> <p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who has completed the authorisation section above. (Please include proof such as birth certificate)</p> <p><input type="checkbox"/> I am the parent/guardian of a data subject under 16 years old who is unable to understand the request and who has consented to my making the request on their behalf.</p> <p><input type="checkbox"/> I have been appointed the Guardian for the patient/client, who is over age 16 under a Guardianship order (attached).</p> <p><input type="checkbox"/> I am the deceased patient/client's personal representative and attach confirmation of my appointment.</p> <p><input type="checkbox"/> I have a claim arising from the patient/client's death and wish to access information relevant to my claim (Covering letter with further details to be supplied).</p> <p><b>Please Note:</b></p> <ul style="list-style-type: none"> <li>▪ If you are making an application on the behalf of somebody else we require evidence of your authority to do so i.e. personal authority, court order etc.</li> <li>▪ It may be necessary to provide evidence of identity (i.e. Driving Licence).</li> <li>▪ If there is any doubt about the applicant's identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case.</li> <li>▪ Under the terms of the GPDR, requests will be responded to within one calendar month after receiving all necessary information and/or fee required to process the request.</li> <li>▪ Requests relating to deceased patients, under the Access to Health Records Act 1990, will be responded to within 40 days where no entries have been made to the patient/client's record 40 days immediately preceding the date of this request, otherwise requests will be responded to within one calendar month after receiving all necessary information and/or fee required to process the request.</li> <li>▪ Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed.</li> </ul>					
Print Name		Signed (Applicant)		Date	/ /

Please complete and return this document to:

*Cadwgan Surgery*  
*11 Bodelwyddan Avenue*  
*Old Colwyn*  
*Conwy*  
*LL29 9NP*

