

University Health Service
ACCESS TO HEALTH RECORDS INFORMATION & FORM

Please read this information in FULL as it contains important information about the access process

The Data Protection Act 1988 (DPA) gives every living person the right to apply for access to their health records. Any request for access to health records must be made in writing to your local GP (for GP held records) or hospital records manager (for hospital records).

Timescale

Once we have received your signed request and the appropriate fee, the DPA states we should comply with the request within 21 days, but by no later than 40 days, unless there are exceptional circumstance (in which case we must advise you of this).

Extent of disclosure

Unless you indicate otherwise (using section 8 of the attached form) we will supply a copy of the whole of your record. If you do not require the whole record, then both the cost to you and our administrative time can be reduced, if you indicate which sections you require.

Modifying your request

If you initially request to view your records, but then ask for a copy at the same time, this would be counted as a single request for access and the £10 record viewing fee would be replaced by the appropriate fee for copies of records.

Withholding information

The DPA permits us to withhold some or all information. However, we may only withhold information if the information would cause serious harm to the physical or mental health or condition of the person, or any other person, or where giving access would disclose information relating to or provided by a third person who had not consented to its disclosure.

Fees

Under the Data Protection Act (Fees & Miscellaneous Provisions) Regulations 2001, we may charge a fee for you to access your health records. Access to records is defined as either (1) viewing your record or (2) providing you with copies of your health records. Our fees are:

Viewing records (electronic and/or paper-based): £10

Copies of records: Electronic only £10
 Paper-based only Up to £50 ¹
 Electronic and paper-based Up to £50 ¹

¹ Copy charges (by the number of sides of copies)

1 – 19	£1	70 – 79	£7	250 - 299	£25
20 – 29	£2	80 – 89	£8	300 – 349	£30
30 – 39	£3	90 – 99	£9	350 – 399	£35
40 – 49	£4	100 – 149	£10	400 – 449	£40
50 – 59	£5	150 – 199	£15	450 – 499	£45
60 – 69	£6	200 – 249	£20	>499	£50

Fees are charged not only to reflect the administrative time and costs involved in making copies, but also because each and every request requires the record(s) to be reviewed manually by a doctor to ensure that there are no references to third parties, which must be struck from the record before access is permitted, and that there is no information which should otherwise be withheld.

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Application for access to health care records

1. Surname/family name													
2. Forename(s)													
3. Date of birth													
4. NHS Number (if known)	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
5. Current address	<div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>												
6. Contact telephone number	()												
7. Access request (Please tick one)	<input type="checkbox"/> I wish to view my record <input type="checkbox"/> I wish to receive copies of my record <input type="checkbox"/> Entire record <input type="checkbox"/> Partial record - If partial, please indicate, for which time periods or problems you wish to receive copies (e.g. "3/2005 –3/2008: All GP notes & hospital letters regarding back pain")												
8. Extent of disclosure (Please tick one)													
9. Declaration	I am applying to access my health records under the Data Protection Act 1988 for the records held by University Health Service. I understand that there is a fee for access to my record (viewing and/or copies) as set out in the attached information, which I confirm I will pay.												
10. Applicants signature													
11. Date of request	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	2	0	Y	Y		
D	D	/	M	M	/	2	0	Y	Y				

Please post or deliver this form by hand to: