

Request for access to: Health Records

held by Hospiscare under the:

DATA PROTECTION ACT 2018

IF YOU ARE THE PATIENT APPLYING TO SEE YOUR OWN HEALTH RECORD YOU SHOULD COMPLETE SECTIONS 1, 3 & 6, AND PROVIDE THE DOCUMENTATION REQUESTED IN SECTION 5

IF YOU ARE APPLYING FOR ACCESS TO SOMEONE ELSE'S HEALTH RECORD YOU SHOULD COMPLETE ALL SECTIONS OF THE FORM AND PROVIDE THE DOCUMENTATION REQUESTED IN SECTION 5

1 DETAILS OF PATIENT RECORD REQUIRED

2

Title Surname
Forename(s)
Address
Postcode
Daytime telephone number Date of Birth
If the name or address has changed since attendance at Hospiscare, please give details below:
Previous name
Previous address
Patient ID/NHS number (if known)
Record requested in respect of end of life care on/during (Please state month/year if possible)
 DETAILS OF APPLICANT
Please complete this section if you are NOT the patient detailed above in section 1
Title
Surname Forename(s)
Address
Daytime telephone number

3 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 to the health record detailed in Section 1 under the terms of the Data Protection Act 2018.

I am: (please delete as applicable)

- 1. The patient referred to in Section 1
- 2. The person who has been asked to act on the patient's behalf, by the patient, who has signed section 4 below
- 3. The parent OR person acting in loco parentis to the patient who is under 16
- 4. The person who is acting on the patient's behalf, as the patient is incapable of making or understanding the request. **Legal documentation must be provided in this instance.**

Signed...... Date.....

4 AUTHORISATION

This section should be completed and signed by the patient, to authorise the person identified in Section 2 to act on their behalf.

I hereby authorise Hospiscare to release the requested information held on my health to the person named in section 2.

Signed:.....

5 DOCUMENTATION REQUIRED

 Patients requesting access please provide a <u>copy</u> of one of the following to confirm your identity:

Driving Licence Passport Birth Certificate

 A person who is acting on the patient's behalf, please provide a <u>copy</u> of one of the following for BOTH yourself AND the patient:

Driving Licence Passport Birth Certificate

• The person who is acting on behalf of a patient who is incapable of making or understanding the request, please provide:

A Certified copy of the Power of Attorney

PLEASE NOTE THAT UNDER THE DATA PROTECTION ACT 2018, HOSPISCARE HAS A MAXIMUM OF 1 CALENDAR MONTH TO COMPLETE YOUR REQUEST. WHEN COMPLETE, THIS APPLICATION FORM SHOULD BE RETURNED TO: Director of Finance and Governance / Company Secretary, Hospiscare, Searle House, Dryden Road, Exeter, EX2 5JJ <u>dpo@hospiscare.co.uk</u>

DATA PROTECTION ACT 2018

A Guide for Applicants

WHAT DOES THE ACT MEAN FOR YOU?

The Data Protection Act 2018 came into force on 23rd May 2018. It sets rules for processing personal information and applies to some paper records as well as those held on computers. The Data Protection Act works in two ways. It gives you certain rights. It also states that those who record and use personal information must be open about how the information is used and must follow the principles of "good information handling".

DEFINITIONS

Personal Data – data which relates to a living individual who can be identified from that data, or from that data and other information which is in the possession of or is likely to come into the possession of the data controller.

Health Record – this applies to all health records relating to the physical or mental health of an individual and which has been made by, or on behalf of a health professional in connection with the care of an individual.

Health Professional – includes a registered medical practitioner, a registered nurse or midwife and professions allied to medicine, e.g. physiotherapists, occupational therapists etc.

Data Subject – an individual who is the subject of personal data.

Data Controller – Hospiscare

WHO CAN APPLY FOR ACCESS?

You, the data subject. Should a parent/guardian wish to apply on behalf of their child, access will be granted by the health professional in charge of the clinical care, if deemed in the best interest of the child.

HOW DO YOU APPLY?

- Your request must be made in writing either by detailed letter or preferably using the 'Request for access to: Health Records' application form.
- You must supply a photocopy of one of the following to confirm your identity: driving licence, passport or birth certificate. If you are requesting the health record on behalf of the data subject, you will need their signed permission and must provide copies of identification for both yourself and the data subject. If you are acting on behalf of a patient who is incapable of making or understanding the request, a certified copy of the Power of Attorney is required.

It will be up to the health professional concerned (doctor, nurse, complimentary therapist, etc) to decide whether full access to the entries may be given to you.

EXCEPTIONS

Access will not be given in the following circumstances:

- Where the holder of the record is not satisfied that the applicant is acting with the patient's permission.
- Where the health professional concerned believes that access would cause serious harm to the physical or mental health of the patient (or any other individual).

• Where the information in the record relates to another person or was provided by another person, who is not the applicant but who may be identified from the record.

EXPLANATIONS AND COPIES

When you have accessed your record you will be able to request further information by way of an explanation of the entries, by an appropriate health professional. Hospiscare does not permit the original records to leave the hospice for viewing.

INACCURATE ENTRIES

Following access, a data subject/representative may request that a correction is made to an entry; this application must be made in writing. If the holder of the record (in conjunction with the health professional/manager concerned) is satisfied that the information is inaccurate, then a correction may be made, but the original entry will not be obliterated. If the holder is not satisfied that the information is inaccurate, then a note will be made in the record to show the applicant's view of the matter alongside the entry concerned.

INFORMAL ACCESS

You may verbally or informally request access to your record at any time from the health professional concerned. This may be during your time as an inpatient or as an outpatient. You will, however, only be permitted to access the records relevant to the health professional in charge of your care at that time. Having made your request, it is for the health professional concerned to decide whether or not viewing of the record at that time would be appropriate or viable.