

# LONSDALE MEDICAL CENTRE

1, Clanricarde Gardens Tunbridge Wells Kent TN1 1PE

Tel: 01892 530329/517155 Fax: 01892 536583

[www.lonsdalemedicalcentre-kent.nhs.uk](http://www.lonsdalemedicalcentre-kent.nhs.uk)

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## Accessing Your Medical Records at Lonsdale Medical Centre

As of April 2016 and in accordance with the General Data Protection Regulation (GDPR), patients have the right to access their data and any supplementary information held by their Medical Centre (Solicitors have the right to request access to this data on behalf of the patient); this is referred to as a 'Subject Access Request' (SAR). Patients have the right to receive:

- Confirmation that their data is being processed.
- Access to their personal data.
- Access to any other supplementary information held about them.

### How to request access:

To request access to view their **own personal records** and for security purposes, the patient will be required to complete a 'Subject Access Request' form (SAR) and undertake an identity check (2 forms of identification). Paper copies of the SAR form can be obtained from Lonsdale Medical Centre reception or downloaded from the website (<http://www.lonsdalemedicalcentre-kent.nhs.uk/>). The completed forms and a scanned copy of the patients 2 Identity documents (at least one with a photograph) can be emailed to reception (email:lonsdale.medical@nhs.net) or hand delivered to a member of our reception team.

**Solicitors** requesting access to patient records to complete 'Page 3, Section 1- Patients Details', and 'Page 4 (4B) and 7 Declaration' and return to Lonsdale Medical Centre for processing.

### Cost of request:

Patients/Solicitors do not have to pay a fee for the first copy of their records, however a fee will be charged for repeat requests, for requested professional time to interpret medical records or for unfounded or excessive requests. The fee charged is to cover the additional administrative costs.

### 3 Methods of Access

#### - Online:

Patients may make a request to gain access to view their health records online (computer records). To do so please complete the SAR form and 2 forms of identification. Once the forms have been completed and checked, the patient will receive login details, so will need to think of a password which is unique to them. This will ensure that they are the only one who is able to access their record unless they choose to share their details with a family member or carer.

#### - Paper copies (Computer Record Print-outs):

Patients may request paper copies of their health record. To do so, please submit a SAR form and 2 forms of identification.

Solicitors may request computer records, to do so please complete 'Page 3, Section 1- Patients Details', and 'Page 4 and 7 Declaration' this will be presented on encrypted CD.

- **Email copies:**

Patients may request to receive an email copy of their health records. To do so, patients to submit a SAR form and 2 forms of identification.

**Time frame:**

Once the SAR form has been submitted, Lonsdale Medical Centre will aim to process the request within 28 days.

**Exemptions:**

The practice has the right to remove online access. This is rarely necessary but may be the best option if they are found to be using it irresponsibly or if there is evidence that access may be harmful to the individual. This may occur if an individual is being forced to access their record, or if the record may contain something that may be upsetting or harmful to the patient. Should this happen, the practice will explain the reason for withdrawing access and will re-instate access as quickly as possible when required.

Additionally, there may be occasions when the data controller will withhold information kept in the health record, particularly if the disclosure of such information is likely to cause undue stress or harm to the patient or any other person.

**Things to consider:**

- *If health records are accessed online, it will be your responsibility to keep your login details and password safe and secure. If you know of or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.*
- *If you cannot do this for any reason, we recommend that you contact the practice so that they can remove your online access until you are able to reset your password.*
- *If you receive a print out, or choose to print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.*
- *The information you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.*
- *Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.*
- *Patients are able to authorise third parties (including solicitors) to make a SAR on their behalf however Lonsdale Medical Centre will require the patient's written consent to provide this information.*

**Data Controller:**

At Lonsdale Medical Centre the data controller is Dr Chris Corney. Should you have any questions relating to accessing your medical records, please ask to discuss this with him. For any complaints please contact the Information Commissioner's Office.

***Dr Christopher Corney***

***Lonsdale Medical Centre Data Controller***

***Published: July 2018***

***Review: July 2019***

*For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:*

<https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

## APPLICATION FORM FOR ACCESS TO HEALTH RECORDS

In accordance with General Data Protection Regulation (GDPR):

### DATA SUBJECT ACCESS REQUEST

*This form must be completed in blue or black ink and signed in order for us to process your request.*

#### Section 1: Patient details

Surname:		Title: (ie: Mr, Mrs, Ms, Dr)	
Forename:		Date of birth:	
NHS Number: (If known)		Telephone Number:	
Address:			
Post Code:		Hospital Number: (if known)	

#### Section 2: Record requested

(Tick as appropriate)

Please provide me with a copy of all records held:	
Please provide me with a copy of records relating to the incident specified below:	
Please provide me with a copy of records relating to the condition specified below:	

#### Section 3: Details and declaration of applicant

(Please enter details of applicant if different from Section 1)

I would like the person named below to be given online access to my medical records and I acknowledge that this is at my own risk:

Surname:		Title: (ie: Mr, Mrs, Ms, Dr)	
Forename:		Telephone Number:	
Relationship to Patient:			
Address:			
Post Code:			

**Declaration:**

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above, under the terms of GDPR.

Please tick as appropriate:

- I am the patient
- I am a Solicitor and have been asked to act by the patient and have the patients authorisation
- I have been asked to act by the patient and attach the patient’s written authorisation
- I have full parental responsibility for the patient and the patient is under the age of 18 and;
  - (a) Has consented to my making this request, or
  - (b) Is incapable of understanding the request (delete as appropriate)
- I have been appointed by the court to manage the patient’s affairs and attach a certified copy of the court order appointment me to do so
- I am acting *in loco parentis* and the patient is incapable of understanding the request
- I am the deceased person’s Personal Representative and attach confirmation of my appointment (Grant of Probate/Letters of Administration)
- I have written, and witnessed, consent from the deceased person’s Personal Representative and attach Proof of Appointment
- I have a claim arising from the person’s death (please state details below):


Signature of applicant/solicitor: ..... Date: .....

***You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.***

**4B – Countersignature**

**This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A (below) cannot be fulfilled.**

I (insert full name) .....

certify that the applicant (insert name) .....

has been known to me personally as .....for .....years  
*(Insert in what capacity, eg: employee, client, patient, relative etc.)*

and that I have witnessed the signing of the above declaration. I am happy to be contacted if further information is required to support the identity of the applicant as required.

Signature: ..... Date: .....

Name: .....

Address: .....

.....

Daytime telephone number: .....

**Additional notes:**

Before returning this form, please ensure that you have:

- Signed and dated this form.
- Enclosed proof of your identity (2 documents) or alternatively confirmed your identity by a countersignature.
- Enclosed documentation to support your request (if applying for another person's records).

***Incomplete applications will be returned; therefore please ensure you have the correct documentation before returning the form.***

## FOR PRACTICE USE ONLY:

### Section 4: Proof of identity

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B'

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached copies of documents as noted in section 4A	Yes / No	If Yes, please indicate here which documents have been attached:
B	Countersignature (section 4B). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided)	Yes / No	Please indicate reason why this section was completed:

### 4A – Evidence

Evidence of the patient's and/or the patient's representative identity will be required. Please attach copies of the required documentation to this application form. Examples of required documents are:

	Type of applicant	Type of documentation	Tick as appropriate
<b>A</b>	An individual applying for his/her own records	One copy of identity required. Eg: copy of birth certificate, passport, driving licence, <b>PLUS</b> copy of a utility bill or medical card etc	
<b>B</b>	Someone applying on behalf of an individual (representative)	One item showing proof of the patient's identity <b>PLUS</b> one item showing proof of the representative's identity (see examples in 'A' above)	
<b>C</b>	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child <b>PLUS</b> copy of correspondence addressed to person with parental responsibility relating to the patient.	
<b>D</b>	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent <b>PLUS</b> proof of the patient's identity (see examples in 'A' above)	

### Confirmation of processing:

EMIS Number:		Method: (Please tick)	<ul style="list-style-type: none"> <li>• Vouching</li> <li>• Vouching with information in record</li> <li>• Photo ID and proof of residence</li> </ul>
Identity verified by:		Date:	
Access to medical records authorised by:			
Date account created:		Date login sent (if new to online access):	

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## ***To be completed by solicitor/patient upon receipt of copies of health record***

### **Things to consider:**

- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.
- If you cannot do this for any reason, we recommend that you contact the practice so that we can remove your online access until you are able to reset your password.
- If you receive a print out, or choose to print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
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### **Declaration:**

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above, under the terms of GDPR.

***Patient/Solicitor:*** Please confirm the following:

- I have read and understood the information leaflet provided by the practice
- I will be responsible for the security of the information that I see or download


***Patient only:*** I will contact the practice as soon as possible if:

- I think that my account has been accessed by someone without my agreement
- I see information in my record that is not about me or is inaccurate
- If I think that I may come under pressure to give access to someone else unwillingly


Signature of applicant/solicitor: .....

Date: .....

Print Name: .....

***You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.***

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**OUR COPY**

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