

A GUIDE TO ACCESSING HEALTH RECORDS

Patients have the right, under the Data Protection Act 2018 (DPA 18) and the EU General Data Protection Regulation (GDPR), to ask Ramsay Health Care UK Ltd (Ramsay) to see what is contained within, or for a copy of all or part of their medical records. They may also authorise a representative to help them make a request.

Parents, or those with parental responsibility, may also, in certain circumstances, view or ask for copies of records relating to children.

Individuals may also ask for copies of medical records of those who have died, but this process is not covered by this guide.

This guide is intended to detail the process for accessing health records.

1. Definition of health records

"Health" or "medical" records are defined as a "chronological written account of a patient's examination and treatment that includes the patient's medical history and complaints, the physician's physical findings, the results of diagnostic tests and procedures, and medications and therapeutic procedures."

2. Applications

Applications for access to health records may be verbal or in writing (e.g. by letter, email, social media). We would prefer you to make your application using the form at Appendix 1 as this would help us to service your request quickly and efficiently, however, using the form is not mandatory.

Please note:

- If you choose to use the form please return it to the hospital or treatment centre that holds your records.
- You may ask to see your record on our premises, or you may ask for a copy to be sent to you. Alternatively, you may elect to collect it. If you send in your request electronically, we will normally respond in kind unless you ask us not to.

- You may authorise a representative to help you with your request. However, to ensure that the confidentiality of your record is maintained, we may contact you to confirm the identity of the individual claiming to be your representative.
- Neither you nor your representative needs to tell us why you want to access your health records.
- Any information you supply in your application will be treated in confidence. It will only be used to help us locate your records.
- There is no minimum age for applications. Children may apply for their own records provided they are capable of understanding the nature of their request.
- A young person aged 13 or above is generally considered mature enough to understand what a subject access request is and to make his/her own request. However, we will use our judgement when deciding whether this is indeed the case.
- A parent or guardian does not have the legal right of access to a child's health record. A parent or guardian may only apply on a child's behalf if the child:
 - (a) has given his or her consent; or
 - (b) is too young to have the understanding to make the request; or
 - (c) is incapable of making the request through disability.
- Patients who cannot make their own requests because of an illness or mental health problems have the same rights and protections under DPA 18 as anyone else. Such a person is said to 'lack capacity'. Someone else may be able to make a request on their behalf; however, before complying with such a request we are obliged to ensure that the representative:
 - (a) is allowed to make a subject access request on the patient's behalf; and
 - (b) is acting in the patient's best interests.

3. Maintaining Confidentiality – Confirmation of Identity

- Before we allow you to view or to collect copies of your records, you will need to prove your identity to our satisfaction. To do so you will need to present two forms of identification. One must carry a recent photograph (e.g. a passport, a military identity card or a photocard driving licence); the other must include your current address (e.g. a recent bank statement, credit card statement or utility bill).
- Originals must be produced if you personally collect your record. However, if a representative collects your record on your behalf, or you wish to have the copy of your record sent to you, you should attach photocopies of your identity documents to your application; these must be verified by a 'person of good standing' within your community e.g. doctor, nurse, teacher, bank official, police officer.
- Please do not send original identity documentation to us in the post as we will not accept responsibility for the loss of or damage to documentation sent in this way.

- If you are unable to supply any of the identity documents suggested above, please contact the hospital or treatment centre holding your record for further advice.
- If you have authorised a representative to collect a copy of your record for you, he/she will need to bring a form of photo identification.

4. How will the information be provided?

- Once your application has been received it will be checked by an appropriate member of our clinical staff. Subsequently, we will endeavour to comply with your access request within a calendar month, however we may need to extend this timeframe by up to a further two months if the request is particularly complex. We will inform you within one calendar month from receipt of your request if we require an extension. Please note that if we are unable to locate your records from the information contained in your application, this timeframe will be suspended until you provide us with the information we need.
- If you only want to view your record (as opposed to receiving a copy) then an appointment will be made for you to do so at a time and date that is mutually convenient to both yourself and the hospital or treatment centre. Your appointment will be for a maximum of one hour unless you ask for more time in advance. If, whilst looking at your record, you decide you would like a copy of all or part of it, you will need to make a second application and collect/ be sent it at a later date. You will not be permitted to take photographs of your record. Please note that your appointment will be to view, not discuss your record. If, having read your record, you decide you would like to discuss its content you will need to make a further appointment with an appropriate member of our clinical staff.
- If you have asked for a copy of your record, it will be sent to the address you have provided on the application form.
- Please note that any information supplied to you in digitised format (e.g. copies of your record or X-Rays on a CD) will be encrypted. If you do not want us to encrypt your records before sending them to you, please let us know.

5. Exemptions to the release of health records

- We would not normally refuse to share your record with you; however, if the clinician reviewing your application believes that providing you with access may result in mental or physical harm to yourself or to another person, we may do so. We are not obliged to tell you that information has been withheld if we believe that doing so might, in itself, result in undue harm or distress to you or another person.

- You will not be allowed to see nor have copies of any information contained within your record that relates to another person, unless that person has given consent in advance or the information is already known to you.

6. Will I be charged to access my health records?

- In most circumstances we are not entitled to charge you for access to your records and will not normally do so. However, if your request is unfounded or excessive (e.g. you ask for more than one copy of your record, or you submit a number of requests within a short timeframe), we are entitled either to charge a reasonable fee taking into account the administrative costs of providing the information requested or we can refuse to act on your request.
- On receipt of your application, if we believe a charge is due we will let you know. If a charge is due we will need to receive your fee before we allow you either to view your health record, or send you a copy. Until we have received your payment the timeframe for complying with your access request will be suspended.

7. Subsequent Requests

We do not have to comply with any second or subsequent request you make to access your health record where we have already complied with a previous identical or similar request, unless a reasonable interval has elapsed.

8. Unhappy With Our Response?

If you believe we have failed to respond to your request properly and you have sent all the information requested, including any fee, you should write to the Hospital Director of the hospital or treatment centre where your record is held detailing your concerns. You are advised to send your letter by registered post and to keep a copy for your own records. If you still do not receive a reply or you are still not satisfied that we have responded appropriately, you may ask the Information Commissioner to determine whether we have met our obligations under DPA 18. The Information Commissioner can be contacted at the following address:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

9. Further Information

Should you require any additional information with regards to your rights to access your health record, you are advised to speak to the Head of Clinical Services at the hospital or treatment centre where your health record is held. Alternatively, you may contact the Ramsay Data Protection Officer at:

Email: dataprotectionofficer@ramsayhealth.co.uk

Post:

Data Protection Officer

Ramsay Health Care UK Ltd

Tower 42

Level 18

25 Old Broad Street

London EC2N 1HQ

APPENDIX 1 - APPLICATION FOR ACCESS TO HEALTH RECORDS

Please complete the following in CAPITAL letters and write in black ink. Please provide as much information as possible as this will assist us in processing your request. Ideally, all sections should be completed as incomplete forms may delay the processing of your request.

Section 1 – Patient’s/ Applicant’s Personal Details	
Mr/ Mrs/ Ms (Delete at appropriate)	Current Address (including postcode)
Surname	
First Name	
Any Other Forename (s)	Any Relevant Former Address
Date of Birth:	
Contact Telephone Number	Address To Which Reply Should Be Sent (if different from Current Address)
Hospital Number (if known)	
NHS Number (if applicable)	

First Name and Surname of Applicant (if not patient)	Relationship to Patient
Current Address:	

Section 2 – Details Of The Request		
I would like to: (please tick the appropriate box(s))		
View my health record <input type="checkbox"/>	Collect a full copy of my health record <input type="checkbox"/>	Be sent a full copy of my health record <input type="checkbox"/>
Collect a copy of my X-Rays only <input type="checkbox"/>	Be sent a copy of my X-Rays only <input type="checkbox"/>	

IN CONFIDENCE

Should you only wish to collect or be sent a partial of copy of your health record, please indicate which parts you require :

Ward/ Clinic attended (with dates):

Consultant(s) (if known):

Please use the space below to provide us with any additional information you believe would help us to meet your request (attach additional information if necessary)

I have attached additional information

Section 3 - Identification

In order to process your request, two types of identification will be required, one of which must contain a recent photograph (e.g. passport), the other your current address (e.g. utility bill).

Please delete as appropriate:

- a. I will personally be viewing or collecting a copy of my health record and will present original identity documents at that time; or
- b. I would like my health record to be sent to me and attach verified photocopies of my identity documents.

IN CONFIDENCE

Section 4 - 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 record referred to above under the terms of the Data Protection Act 2018

If you are the patient and you wish personally to view or be sent a copy of your health record please complete **Declaration A** below.

If you have nominated a representative to access your notes on your behalf please complete both **Declaration A and Declaration B** below.

If you have parental responsibility for a young person under 13, or a young person over 13 or an adult who is incapable of understanding the subject access request process please complete **Declaration C** below

Declaration A. I have read 'A Guide to Accessing Health Records' and request access to my health records.

Patient's signature:

Date:

Declaration B.

I authorise (print full name) as my representative to access my health record on my behalf.

Patient's signature:

Date:

Declaration C. Delete as appropriate

- a. I have parental responsibility/ legal guardianship for the patient who is under 13 and is, in my opinion, incapable of understanding the request process; or
- b. I represent the patient who is incapable of understanding the request process.

Signature:

Date:

Completed Forms: Completed forms should be sent to the Hospital Director of the hospital or unit where the patient's records are held. The addresses of all Ramsay hospitals may be found on the company website: www.ramsayhealth.co.uk/hospitals.aspx. Alternatively, the appropriate address can be found by contacting our London Head Office on 0207 847 2850.