

South Grange Medical Group Practice

ACCESSING YOUR MEDICAL RECORDS AT SOUTH GRANGE MEDICAL GROUP PRACTICE

Introduction

In accordance with the General Data Protection Regulation, patients (data subjects) have the right to access their data and any supplementary information held by South Grange Medical Group Practice. This is commonly known as a data subject access request (DSAR). Data subjects have a right to receive:

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

Options for access

As of April 2016, organisations have been obliged to allow patients access to their health record online. This service will enable the patient to view coded information held in their health record.

In addition, you can make a request to be provided with copies of your health record. To do so, you must submit a Data Subject Access Request (DSAR) form. This can be submitted electronically and the DSAR form is available on the organisation website. Alternatively, a paper copy of the DSAR is available from reception. You will need to submit the form online or return the completed paper copy of the DSAR to the organisation. Patients do not have to pay a fee for copies of their records.

Time frame

Once the DSAR form is submitted, South Grange Medical Group Practice will aim to process the request within 21 days; however, this may not always be possible. The maximum time permitted to process DSARs is one calendar month.

Exemptions

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 you or any other person.

Data controller

At South Grange Medical Group Practice the data controller is Dr S Hameed should you have any questions relating to accessing your medical records, please ask to discuss this with the named data controller.

South Grange Medical Group Practice

APPLICATION FORM FOR ACCESS TO HEALTH RECORDS in accordance with the 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		Maiden name	
Forename		Title	
Date of birth		Address:	
Telephone number		Postcode:	
NHS number (if known)		Hospital number (if known)	

Section 2: Record requested

The more specific you can be, the easier it is for us to quickly provide you with the records requested, for example records in respect of treatment received (e.g. for leg injury following a car accident)

Please provide me with a copy of all records held	
Please provide me with a copy of records between the dates specified below:	
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:	

South Grange Medical Group Practice

Section 3: Details and declaration of applicant

Please enter the details of the applicant if different from Section 1

Surname		Title (Mr, Mrs, Ms, Dr)	
Forename(s)		Address	
Telephone number		Postcode	

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 the GDPR.

Please tick:

- I am the patient
- 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 appointing 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: 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.