

**Application for access to Medical Records under the EU General Data Protection**

**Regulation (GDPR) & the UK Data Protection Act 2018 (DPA18)**

Subject Access Requests are completed in accordance with Articles 15 and 46 of the General Data Protection Regulations (GDPR) and the UK Data Protection Act 2018 (DPA18).

Subject Access Requests relating to deceased patients are completed in accordance with the Access to Health Records Act 1990 (as modified by Schedule 19 of the DPA18) and should be completed within 40 days of receipt.

**SECTION 1 - PATIENT DETAILS**:

Surname …………………………………………………………………………………………………………

Forename(s) …………………………………………………………………………………………………….

Previous name(s) if applicable …………………………………...……………………………………………

Date of birth …………………………………

Hospital Unit (AH) number (if known) ……………………………. NHS Number (if known) ................................

Current address ………………………………………………………….…………………………………………….

...........................................................................................................................Postcode..................................

If the patient’s name and/or address was different from that given above during the period(s) to

which the application relates, please give details here:

……………………………………………………………………………………………………....................................

……………………………………………………………………………………………………....................................

**SECTION 2 - DETAILS OF APPLICANT:**

Surname ……….……………....……………….......... Forename(s) …………....................................................

Address ……………………………………………………………………………………………………………………

...........................................................................................................................Postcode..................................

Tel (home/evenings): …………...........……………… Tel (work/day): …………….......……………......................

Relationship to Patient ………………………………………………………………………………………………….

Email address ...................................................................................................................................................

***Please Note:*** *Please print clearly as all records will be sent to the email address given above by secure link*

**SECTION 3 – INFORMATION REQUIRED:**

|  |  |  |
| --- | --- | --- |
| ***Please tick all relevant boxes*** | | |
| **Type of Record** | **Tick** | **Date Range / Speciality /Consultant / Comments** |
| **Letters - Inpatient / Outpatient (etc.)** |  |  |
| **Radiology Report(s)** |  |  |
| **MRI / CT / X-Rays Images** |  |  |
| **Investigation Result(s)/Report(s)** |  |  |
| **A&E Attendance(s)** |  |  |
| **Handwritten Case Notes** |  |  |
| **CAMHS Records** |  |  |
| **Psychology Records** |  |  |
| **Safeguarding / Rainbow Records** |  |  |
| **Histopathology Report(s)** |  |  |
| **Therapies** |  |  |
| **Medical Photography** |  |  |
| **All Documentation for an Episode(s) of Care \*\*** |  |  |
| **Other** |  |  |
| **\*\* Must include the require date(s)** | | |
| **If only part of the record is required, please ensure that you included date(s)** | | |
|  | | |

**SECTION 4 - APPLICANT’S DECLARATION AND AUTHORISATION:**

**I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT I AM ENTITLED TO APPLY FOR ACCESS TO HEALTH RECORDS**

Please tick the appropriate box below, and sign

□ **I am the patient, and I am over the age of 16 years.** *(If you tick this box, please see section 6 for details of the* ***necessary proof of identification and residency****)*

□ **I am the person who has parental responsibility for a patient under the age of 13.** (*If you tick this box, you must attach proof of* ***parental responsibility*** *– see section 6 for further details)*

□ **I am the person who has parental responsibility for a patient over the age of 13.** *(If you tick this box, the* ***patient must also compete section 5*** *and you must attach proof of parental responsibility – see section 6 for guidance)*

□ **I am an agent/advocate acting on behalf of the patient (aged over 16).** (*If you tick this box, you must attach documentation showing the* ***patient’s written authorisation****).*

**□ I am a deceased patient’s parent/personal representative and attach confirmation of my relationship as his/her representative.** *(If you tick this box then you must provide the* ***patient’s death certificate****)*

Applicant’s Name (printed): ..........................................................................................................................

Applicant’s Signature.....................................................................................................................................

Date: .............................................................................

**SECTION 5 – PATIENTS WHO ARE AGED OVER 13 YEARS**

**Patients who are aged over 13 years must consent to a parent or formally appointed carer making this request, and authorises the application** *(young person to sign below)*

Patient’s Signature ……………………………………………………………………………………………………

Date: ……………………………………………………….

**Please return completed form with the required documents to:**

**Access to Health Records**

**Alder Hey Children’s NHS Foundation Trust**

**Eaton Road**

**Liverpool**

**L12 2AP**

**Direct Dial: 0151 293 3647**

**or email to**: [**healthrecordsgroup@alderhey.nhs.uk**](mailto:healthrecordsgroup@alderhey.nhs.uk)

## SECTION 6 – IDENTIFICATION / RESIDENCY / CONSENT / PARENTAL RESPONSIBILITY

Before Alder Hey Children’s NHS Foundation Trust can release information relating to patients, we are required to have proper consent and documentation pertaining to the patient.

* Children have the same rights as adults over their personal data. These include the rights to access their personal data; request rectification; object to processing and have their personal data erased.

Gillick Competence is a term originating in England and Wales and is used in medical law.  In the UK children aged 13 and over, are able to provide their own consent, they would need to be considered as Gillick competent to make decisions about their records being shared.  If they are Gillick competent then they are required to give their consent for the release of their records.

* Where a patient is aged between 13 and 16 years old, they must consent to a parent or formally appointed carer making this request and authorises the application by completing section 5 above.
* Patient’s aged 16 and over must complete their own application.
* A mother automatically has parental responsibility. When parents are married at the time of the child’s birth or subsequently marry, both the mother and father have parental responsibility. If a child’s mother and father were married at the time of the child’s birth, even though they may subsequently separate or divorce, both parents retain parental responsibility, subject to any court ruling.
* When parents are not married, the natural father does not automatically have parental responsibility for a child if it was born before 1 December 2003, even if he is named on the birth certificate. However, for any child born *after* 1 December 2003, the father does have joint parental responsibility if he is named on the birth certificate.
* An unmarried father can obtain parental responsibility for his child by: -

1. Agreement with the child’s mother, which must be confirmed by a court
2. Obtaining a Court Order granting him parental responsibility
3. Re-registering the child’s birth to include his name on the birth certificate.

* Step-parents (unless they have legally adopted a child), grandparents, aunts, uncles, or other relatives do not automatically have parental responsibility, even if a child lives with them. However, they may obtain a Residence Order from the Court to formally grant them parental responsibility for a child.
* Foster parents do not automatically have parental responsibility. However, if the local authority has awarded a Care Order for a child, they may delegate parental responsibility to the foster parents.

**The following documents are accepted as proof of parental or other legal responsibility:**

N.B. One document from each of the below categories **must** be provided to satisfy the application.

**\*\*\*\* Please ensure that all attachments are in either PDF or Word format only \*\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Document Type*Please Note: Only the documents listed are acceptable* | Proof of Identification | Proof of Residency | Proof of Parental Responsibility |
| Current signed passport | Recent (less than 12 months) utility bill (gas, electricity, council tax or water services) | Marriage Certificate *(Father)* |
| Current UK or EEA photocard driving licence | Recent (less than 12 months) mortgage statement | Residence Order or Current Care Order |
| Photographic registration cards for self-employed individuals in the construction industry -CIS4 | Rent book or tenancy agreement | Patient’s Full Birth Certificate or Adoption Certificate |
| National identity card bearing a photograph of the applicant | Bank/Building Society statement or passbook | Court order awarding Parental Responsibility |

**You cannot use one form of identification for both name and address. For example, if you provide your driving license as proof of your name you must provide another form of identification for your address, such as a utility bill. We are unable to accept hospital letters or letters from DWP as forms of Identification.**