

The Data Protection Legislations gives people the right to know what personal information an organisation has about them. To use this right, you can make what is known as a ‘subject access request’.

Only the following people may apply for access to personal information.

* The person who the information is about.
* Someone acting on behalf of the person who the information is about.

You have a right to know whether or not we have any information about you, and a right to have a copy of that information. You have a right to know the following.

* What kind of information we keep about you.
* The reason we are keeping it and how we use it.
* Who gave us your information.
* Who we might share your information with and who might see your information.

You also have the right to have any codes or jargon in the information explained.

You won’t be able to see information that could:

* cause serious harm to your physical or mental health, or anyone else’s; or
* identify another person (except members of NHS clinical staff who have treated the patient), unless that person gives their permission.

If you need any more advice about your rights under the Data Protection Legislations please contact our data protection officer at the address on the next page. Or, you can contact:

The Information Commissioner’s Office – Scotland

45 Melville Street

Edinburgh

EH3 7JL.

Phone: 0131 244 9001

Email: Scotland@ico.gsi.gov.uk

If you want to make a subject access request, verbally, however by completing this form will allow an audit trail, and clarity around your request.

**Fee**

No Fee

**Response time**

We will deal with your request as quickly as possible, and within 1 month of receiving your

 filled-in application form . If we have any problems getting your information, we will keep you up to date on our progress.

**How long records are kept**

The usual rules to do with keeping records are that:

* adult general hospital records are kept for six years after the date of the last entry;
* maternity records are kept for 25 years after the birth of the last child;
* children’s and young people’s records are kept until the child’s or young person’s 25th birthday; and
* mental-health records are kept for 20 years after the date of the last contact.

This may help you in considering what types of records you are applying to see.

**Points to consider**

Making false or misleading statements to access personal information which you are not entitled to is a criminal offence.

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form.

We ask for a countersignature (see section 7) because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

**There are more notes to help you fill in the form on page 7.**

|  |
| --- |
| **Send your filled-in form to:**Medical Records ManagerNHS National Waiting Times Centre BoardGolden Jubilee National HospitalAgamemnon StreetClydebankGlasgow G81 4DY |

|  |
| --- |
| **Who to contact in the organisation if you have any complaints:**Complaints ManagerNHS National Waiting Times Centre BoardGolden Jubilee National HospitalAgamemnon StreetClydebankGlasgow G81 4DY |

**Please fill in this application form using BLOCK CAPITALS and black ink.**

**Section 1: Personal details**

Please fill in this section as fully and accurately as you can, with the personal details of the person this access request is about. This will help us trace the personal information you need.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name:** |  | **First name:** |  |
| **Address:** |  | **Date of birth:** |  | **Sex:** |  |
|  |  | **Home phone number:** |
|  | **Other phone number:** |
| **Postcode:** |  | **CHI (community health index) or hospital reference number (if known):** |

If the person this access request is about has changed their name or lived at a different address during the periods of treatment you are interested in seeing information about, please provide these details.

|  |  |  |
| --- | --- | --- |
| **Previous last name:** |  |  |
| **Previous address:** |  |  |
| **Dates from and to:** |  |  |

**Section 2: NHS contacts**

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health-service worker in charge of the care (for example, a GP or dentist) for each period of treatment in the ‘healthcare professional’ column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NHS centre or centres you went to or contacted** | **Ward, clinic, department, specialty or service** | **Name of healthcare professional (if known)** | **Dates from** | **Dates to** |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 3: Information you want to access**

Give details in the box below of the records or information you want to access.

|  |
| --- |
|  |

Please put an X in the appropriate box to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

|  |  |  |
| --- | --- | --- |
| **Details** | **Manual (paper)** | **Computerised** |
| See original records only | [ ]  | [ ]  |
| Ask for a copy | [ ]  | [ ]  |
| See records and receive a copy | [ ]  | [ ]  |

**Section 4: Declaration**

You must sign this section, and the person you have named in section 7 (the counter signatory) must be present when you sign.

**Releasing information**

Keeping personal information confidential and secure is extremely important to us. We will not send copies of information by post unless we have arranged this with you beforehand. If we do post you copies, we will use special delivery. If you choose to collect the information, please bring two forms of identification with you, including one which has your photograph on (for example, your passport, driving licence, or bus pass).

I confirm that the information I have given is correct and that I am entitled to apply for access under the conditions of the Data Protection Legislations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

I am the person named in section 1. (Go to section 7.)

**Or:**

I have been asked to act on behalf of the person named in section 1, and that person has filled in section 6. (Go to section 5.) [ ]

I am the parent or guardian of the person named in section 1, and that person is under 16 years old and has filled in section 6. (Go to section 5.) [ ]

I am the parent or guardian of the person named in section 1, and that person is under 16 years old and is not able to understand the request. (Go to section 7.) [ ]

I have been appointed by the court to manage the affairs of the person named in section 1 and enclose proof of this. (Go to section 7.) [ ]

**Section 5: Details of the person acting on behalf of the person applying**

You must fill in this section if you are not the person named in section 1.

|  |  |
| --- | --- |
| **Name:****(Please print)** |  |
| **Address and postcode we should send a reply to:** |  |
| **Contact phone number:** |  |

**Section 6: Permission**

You must fill in this section if you are the person named in section 1 and you have given the person named in section 5, permission to act on your behalf.

I give you NHS National Waiting Times Centre Board permission to give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter the name of the person acting on your behalf) any personal information about me. I have given them permission to act on my behalf.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

**Section 7: Countersignature**

You must fill in this section if you need to confirm the identity of:

* the person named in section 1;
* the parent or guardian of the person named in section 1 who is under 16 years old and not able to understand the request; or
* the person appointed by the court to manage the affairs of the person named in section 1.

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Any of the following can sign.

* A Member of Parliament
* A Member of the Scottish Parliament
* A Justice of the Peace
* A minister of religion
* A professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
* A bank employee
* A civil servant
* A police officer

You only need to confirm the identity of the person applying, and be a witness when they sign the declaration (section 4). You do not need to see the rest of the form.

In some cases, we may ask the person applying for more documents as proof of their identity.

I (write your full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have known (name of the person applying) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_ years, and I was present when they signed the declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  / / |
| **Full name:** |  | **Profession (for example, teacher):** |  |
| **Address:** |  |
| **Postcode:** |  | **Phone****number:** |  |

**Notes to help you fill in the form**

**Personal information**

Personal information is information we hold in medical records, patient administration and information systems, clinical systems, and other databases or files. We may hold personal information on paper or on computer.

**Health professionals**

An appropriate health professional may include your hospital doctor, nurse, midwife or health visitor, dentist, optician, pharmacist, clinical psychologist, occupational therapist, dietician, physiotherapist, podiatrist or speech and language therapist.

**Type of records asked for**

The Data Protection Legislations covers both manual (paper) and computerised records. Manual records include all your paper health records. Some information about your care may also be held on computer. This will vary from hospital to hospital.

If you want to see your health records we will invite you to the hospital or clinic at a convenient time, along with a health professional or appropriate other person. If you only want photocopies, you can collect these within 1month from the date we receive your fee.

If you have only asked for a photocopy of the relevant records, the healthcare professional responsible for your care may invite you to see them so that they can explain the information in your record. You do not have to take up this invitation, but it would be in your best interests to do so.

**NHS contacts (section 2)**

If you contacted NHS services (such as NHS 24) by phone, in section 2 you should give as much detail as possible, including details of the call or calls, dates and times, and who you spoke to.

**Declaration (section 4)**

The person applying for access must fill in this section.

a) If you are the patient, tick the first box and sign the authorisation then go on to section 7.

b) If you are the person acting on behalf of the patient, we will need the patient’s permission before we can release the information. Ask the patient to fill in the ‘Authorisation’ section of the form (section 6), unless you can provide proof that you have permission to act on their behalf (for example, proof of power of attorney or guardianship).

c) If the patient is a child (that is, under 16) anyone with parental responsibility for them can apply. In most cases this means a parent or guardian. If the child is capable of understanding the nature of the application, you can apply with their permission or they can apply themselves. We will presume children can understand the nature of the application if they are aged between 12 and 16. However, we will consider all cases individually.