ACCESS TO HEALTH RECORDS POLICY

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<th>POLICY REFERENCE NUMBER</th>
<th>IM&amp; T 009</th>
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<tr>
<td>DATE RATIFIED (This version)</td>
<td>August 2013</td>
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<td>NEXT REVIEW DATE</td>
<td>August 2016</td>
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<tr>
<td>APPROVED BY (state group)</td>
<td>Clinical Records and Information Governance Group</td>
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<tr>
<td>ACCOUNTABLE DIRECTOR</td>
<td>Director of Finance, IM&amp;T and Estates</td>
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<tr>
<td>POLICY AUTHOR</td>
<td>Health Records Adviser</td>
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Policy Statement/Key Objective:

To ensure a consistent approach to facilitate Subject Access to Health Records held by the Trust.
# Executive Summary

<table>
<thead>
<tr>
<th>Title of Policy:</th>
<th>Access to Health Records Policy</th>
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<tr>
<td><strong>Subject</strong></td>
<td>To ensure a consistent approach to facilitate Subject Access to Health Records held by the Trust.</td>
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<td><strong>Applicable to</strong></td>
<td><em>(State Network, Services and staff groups)</em></td>
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| **Key Policy Issues** | Informal Access Guidance  
Formal Access Guidance  
Exemptions  
Access Procedure  
Access application forms  
Service User Information |
| Original Issue Date | July 2009 |
| Issue Date *(This Version - including any minor amendments)* |  |
| Dates Policy Reviewed *(include all previous dates of review)* | July 2009 |
| **Next Review Date** | 2016 |
| Policy written by *(State title only)* |  |
| **Policy Lead** *(State title only)* | Health Records Adviser |
| In Consultation with | Clinical Records and Information Governance Group |
| Monitoring Arrangements |  |
| Approved by *(state group)* |  |
| Authorised by *(state senior accountable person e.g. Network or Clinical Director)* | Director of Finance, IM&T and Estates |
| Related Procedural Documents |  |
| Links to CQC outcomes |  |
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Acknowledgements

The following have been involved in the writing and review of this policy

Lead Author: Health Records Adviser

Reviewed by: Clinical Records and Information Governance Management Group

Research: The Data protection Act 1998

Statement: Upon request this policy will be produced in other languages
Objective
To provide guidance to be followed when dealing with requests for access to health records.

Introduction
This Policy has been produced to ensure that the Trust is compliant with the subject access provisions introduced by the Data Protection Act 1998 (DPA), Gender Recognition Act 2004 and the provisions of the Access to Health Records Act 1990 in relation to the disclosure of the records of deceased Service Users.

Policy Development
The policy will be developed in line with national developments and guidance issued by the Information Commissioner’s Office.

Appendices
Application Processing Form
Service User Information Leaflet
AHR1 Request form In person
AHR2 Request form On behalf of another person
AHR3 Request form for Access to the records of deceased Service Users
Flow Chart Summary
Audit of disclosure
1. Introduction


Staff who are service users must not access their own health records, or those of family members or friend without submitting a formal written request in compliance with the procedures documented in this Policy. Failure to do so may result in disciplinary action.

All applications relating to the Health Records of Service Users who have undergone Gender Reassignment must be forwarded to the Trust Health Records Adviser in order to ensure that the Trust is compliant with Section 22 of the Gender Recognition Act 2004.

2. Informal Subject Access – Good Practice

There are occasions when there is no necessity for the Service User to make a formal application to view their records. If a Service User requests to view their records whilst still receiving care it is considered good practice for the Health Professional to go through the record or to allow the Service User to read the record in a supervised environment.

Third party information must be excluded from Informal Access disclosure.

Informal access is not considered to be an application under the terms of the Data Protection Act but the Access Administrator must obtain permission from the Lead Clinician before allowing Informal access.

Informal disclosure must be noted in the Service User’s record.

If informal disclosure is not possible then the Service User has the right to submit a formal application in compliance with the Data Protection Act.

3. Formal Subject Access

Formal subject access gives the right to individuals to gain access to personal data held about them.

Subject access rights include:

- To be informed whether personal data is being “processed”. Processing includes the collection, use, storage, disclosure and subsequent destruction of information relating to living individuals.
Access to Health Records Policy

- To be provided with a description of the data held, the purposes for which it is processed and a description of those to whom the data is or may be disclosed.

- To be provided with a copy of the information constituting the data within 20 working days of the Trust receiving the application.

- To be provided with information to identify the source of the data.

4. Exemptions from Subject Access

An application for access may be refused or partially refused for the following reasons:

- When the record holder or health professional believes that disclosure is likely to cause the Service User or another person (including health professionals) serious physical or mental harm.

- When the record contains information, which the Service User expressly requested must not be disclosed. (Even after the death of the service user)

- When the record relates to, or contains information given by a third party except those health professionals involved in the Service User’s care – unless the third party gives written authorisation to disclose. (Please refer to guidance on third party definitions which is available on the Intranet)

5. Acceptable Sources of Applications for Access

- The Service User.

- The Service User's representative with the written authorisation of the Service User.

- The executor of a deceased Service User’s estate or their next of kin where a Service User died intestate.

- A person appointed by a court to manage the affairs of those incapable of managing their own affairs.

- By order of a Judge or Legal Authorities requesting disclosure in the Public interest.

6. Guidance For Staff

The application of this Policy will require flexibility due to individual circumstances. A checklist to assist staff in processing requests is attached as appendix G.
For further guidance or clarification on Subject Access under the Data Protection Act 1998 please contact:

The Health Records Adviser  
Lancashire Care NHS Foundation Trust  
Health Records Archive  
Guild Park  
Whittingham Lane  
Goosnargh  
Preston  
PR3 2JH  
01772 695376
Appendix B

Guidance for Service Users or Representatives

Access to Health Records Information leaflet provides Service Users or their representatives a summary of the Subject Access provisions under the Data Protection Act 1998.

8. The Procedure

8.1 Formal applicants for Subject Access must be instructed to request an Access to Health Records application form from the Local Access Administrator or-

The Health Records Adviser  
Lancashire Care NHS Foundation Trust  
Health Records Archive  
Guild Park  
Whittingham Lane  
Goosnargh  
Preston  
PR3 2JH  
01772 695376

8.2 The Health Records Adviser or local access administrators must maintain the Subject Access electronic register of all applications received at and send the applicant the appropriate Trust application form together with the name and address of the local Access Administrator who will subsequently process the application.

Appendix C

Request for Access to Health Records **AHR 1** (In Person).

Appendix D

Request for Access to Health Records **AHR 2** (On behalf of another person).

Appendix E

Request for Access to Health Records **AHR 3** (Deceased Service User).

8.3 The applicant must complete the Access request form and return it to the Health Records Adviser at Guild Park or the nominated local access administrator who must acknowledge receipt of the request within 2 working days.
8.4 The Health Records Adviser/local access administrator must stamp the date of receipt on the Access request and enter the date and details from the request form in the electronic Subject Access register, together with the target date for disclosure.

8.5 The Health Records Adviser/local access administrator must copy any request indicating intended Litigation against the Head of Risk Management and indicate this action in the register.

8.6 The application processing form – Appendix A will include a response target date, which must be completed by the Health Records Adviser/local access administrator.

8.7 The Health Records Adviser/local access manager must obtain the Health Records and forward them to the relevant Health Professionals together with the application request and processing form.

8.8 The Health Professionals must read the records and complete the application processing form to indicate whether access should be:

A Unlimited
B Limited
C Denied

The Data Protection (Subject Access Modification) (Health) Order 2000 sets out the appropriate health professional to be consulted to assist with subject access requests as the following:

“The health professional who is currently, or was most recently, responsible for the clinical care of the data subject in connection with the information which is the subject of the request; or

where there is more than one such health professional, the health professional who is the most suitable to advise on the information which is the subject of the request. “

If access is deemed to be limited or denied the Health Professional must attach a written explanation to justify this decision.

8.9 The records must be returned to the Health Records Adviser/local access administrator who must:

a) Arrange an appointment for the applicant to view the record or

b) Notify the Health Records Adviser if access is to be denied.

c) If copies of the record are requested, produce photocopies of each document ensuring good legibility.

d) Print copies of any records held electronically.
e) Produce the necessary invoice in compliance with the Trust’s tariff and post it to the applicant with a covering letter.

Current Tariff

- 0 to 20 pages £10
- 21 to 50 pages £20
- 51 to 100 pages £30
- Over 100 pages £50

f) On receipt of payment, post the photocopies to the applicant by recorded or special delivery.

g) Record the date of posting on the application processing form and complete the electronic Subject Access register.

h) The Health Records Adviser must deal with applications where access is denied in liaison with the Health Professional and inform the Service User of the outcome and reasons why data has been withheld.
9. Audit of Disclosure Timescales

The Health Records Adviser must audit compliance with the disclosure timescales specified by the Information Commissioner on a monthly basis using the electronic register as the source of audit data.

10. Implementation

This Policy has been in active use since February 2004.

The Health Records Adviser and Information Governance staff will provide training for local access administrators and include Data Protection Act processes in the Trust Induction

11. Monitoring

The Information Governance Manager and local access administrators will monitor compliance with this Policy as part of Information Governance Toolkit monitoring process.

12. Training

The Health Records Adviser will provide training upon request from Clinicians and Support Service managers

13. Reference Documents/Appendices

The Data Protection Act 1998
The Gender Recognition Act 2004
Risk Management Claims Handling Procedure 5.1.2
Appendix A Application Processing Form
Appendix B Service User Information
Appendix C Request for Access Form (In person)
Appendix D Request for Access Form (On behalf of another person)
Appendix E Request for Access Form (Representative of deceased)
Appendix F Access to Health Records Procedure
Appendix G Checklist to deal with Data Protection and Access to Health Records requests
Appendix A

Lancashire Care NHS Trust

Access to Health Records – Application Processing Form
(To be used as back up and data collection for the
electronic Subject Access Register)

An application has been received in respect of:-

<table>
<thead>
<tr>
<th>Name</th>
<th>Case note No.</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>NHS Number.</th>
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</table>

<table>
<thead>
<tr>
<th>Target Disclosure Date</th>
</tr>
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</table>

A copy of the request and authorisation is attached.

The following section is for completion by the Responsible Health Professional.
(Please seek the views of others who have had significant input in to the patient’s care)

Please indicate whether access should be:-

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Unlimited</td>
</tr>
<tr>
<td>B</td>
<td>Limited</td>
</tr>
<tr>
<td>C</td>
<td>Denied</td>
</tr>
</tbody>
</table>

A. Unlimited Access

<table>
<thead>
<tr>
<th>Copies to be sent by post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Records to be viewed in presence of Health Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Records to be viewed in presence of Admin Manager</th>
</tr>
</thead>
</table>
B. Limited Access / C. Access Denied

Please state the reason for denying access …

- Information seriously harmful to the patient
- Identification of a third party
- Not in accordance with the best interests or known intentions of the patient

If access is to be limited please indicate whether the patient is to be given …

- An extract
- Access to view partial records

If an extract is to be viewed this must be prepared by the Health Professional.

- Copy to be sent by post
- Explanation/Counselling by Health Professional required
- Records to be viewed in presence of Admin Manager

Signed  Dated

<table>
<thead>
<tr>
<th>Access Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date received in Unit holding records</td>
</tr>
<tr>
<td>Date payment received</td>
</tr>
<tr>
<td>Date copies posted</td>
</tr>
<tr>
<td>Number of copies</td>
</tr>
<tr>
<td>Total charge levied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access Denied By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant informed - date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disclosure processed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
Lancashire Care NHS Trust

Access to Health Records

Data Protection Act 1998

Service User Information

Many people are unsure about their rights to see their health records. This guidance will try to explain what you can expect and how to request access to your health records.


Which Records Can Be Seen?

Service Users have Access rights to all Records irrespective of when they were created. Some Doctors and other Health Professionals may facilitate for Service Users to see their Health Records if they are asked. (This is known as Informal Access).

Who Can See a Health Record?

- The Service User themselves.
- A representative with the Service User’s written permission.
- The parent or guardian of a child under 16 if the child agrees or if the record holder feels it is in the child’s best interest.
- A court-appointed representative of the Service User if they are not able to manage their own affairs.

How Can I Get Access to my Health Records?

By sending a written request (which includes transmission by electronic means) and upon paying the fee to the Access to Health Records Administrator, an individual is entitled: -

- To be told by the Access Administrator
• Whether they, or someone else on their behalf is processing that individual’s personal data.

To be given a brief description of

a) The personal data held by the Trust
b) The purposes for which they are being processed and
c) Those to whom they are or may be disclosed

• To be told in an intelligible manner of:–

  a) All the information which forms any such personal data
  b) The source of the data

**This information must be supplied in permanent form by way of a copy**
(except where the supply of such a copy is not possible or would involve disproportionate effort or the Service User agrees otherwise).

If any of the information in the copy is not intelligible without explanation the Service User should be given an explanation of that information.

**How long should it take to get Access?**

It will sometimes not be possible to get Access to Records as soon as someone asks for them. Where no permanent copy of the record is to be provided no fee may be charged if the record has been at least partially created within 40 days preceding the request. In other cases, where a permanent copy is to be provided in respect of records, which were created more than 40 days preceding the request, then a £10 access fee may be charged together with the cost of photocopies and postage up to a maximum of £50.

The Access to Health Records Administrator must comply with a subject access request promptly and in any event within 20 days of receipt of the information required to identify the person making the request, the location of the records and the fee.

**What happens if I cannot understand the Records?**

The record holder must explain any part of the Record, which you cannot understand. This may involve an appointment with a Health Professional, which will be arranged for you.

**When can information be kept from me?**

• When the Health Care Professional believes that access is likely to cause the Service User or another person serious physical harm, serious mental harm, or identify a third party.
• When the record contains information the Service User expressly stated must not be revealed.

• When the Health Care Professional thinks that a Service User cannot understand what the application to see their records means.

What should I do if something is wrong?

If you believe that any facts in the record are wrong, you can ask the Health Records Adviser to change them. The Health Care Professional must either make the correction or note your disagreement (and any discussion about it) in the Records. They must then give you a copy of the correction or the note made without charging you.

If you think that your right to access has been unfairly denied, you can appeal. At first this will usually be done through the Trust’s Complaints Procedure.

If you are still unhappy after this, you can complain to the Information Commissioner. You can ask your local Patient Advisory and Liaison Service for advice and assistance about how to complain or write to the Trust’s Health Records Adviser for guidance.

Confidentiality

Service Users have a right to have their personal health information kept confidential and the Trust is obliged to be satisfied that an applicant is the Service User, or is otherwise entitled to access that Service User’s Records. We will need to check your identity, but we may also have to make further enquiries.

Any attempt to gain access to another person’s health records without a legal right to do so is a criminal offence under the Provisions of the Data protection Act 1999.

Further information and advice is available from:

Trust Health Records Adviser
Health Records Archive
Guild Park
Whittingham Lane
Goosnargh
Preston
PR3 2JH
01772 695376
Request for Access to Health Records (in person)
(Please complete in block capitals and black ink)

Please note that a minimum fee of £10.00 is payable for access to data. A further charge plus VAT up to a maximum of £50 will be made for any photocopies.

1. **Particulars of person whose information is requested**

Surname: …………………… ………………
Forename(s): ………………………

Current Address:
………………………………………………………………………………………..

Postcode: 
……………………
Tel No: 
……………………
Date of Birth: 
………………..

If the name and/or address was different from the above during the period(s) to which the application relates please give details:-

Previous Surname: (1) (2) (3)
…………………………… …………………………………………..

Previous address:
…………………………… …………………………………………..
…………………………… …………………………………………..
…………………………… …………………………………………..

Applicable dates:
…………………………… …………………………………………..

2. **Service user’s hospital or clinic contacts** – Please provide as much information as possible in relation to the episodes of care in which you are interested.
3. **Other information** – Please record any other information that can be checked in our records to help with identification, e.g. reason for attendance, nature of treatment or illness.

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4. **Declaration**

I declare that I am the above named service user and that the information given in this form is correct to the best of my knowledge.

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

Name:

..........................................................

Please return this form to:

Trust Health Records Adviser
Lancashire Care NHS Foundation Trust
Health Records Archive
Guild Park
Whittingham Lane
Goosnargh
Preston
PR3 2JH
01772 695376

You will be advised of the acceptance of your application by letter at which time a fee is payable.
In Confidence

Request for access to Health Records
(on behalf of another person) under the Data Protection Act 1998
(Please complete in block capitals and black ink)

Please note that a fee of £10.00 is payable for access to data. A further charge plus VAT up to a maximum of £50 will be made for any photocopies

1. Particulars of person whose information is requested

Surname: Forename(s):

………………………………………………………………………………………………………………………………………………

(Male/Female)

………………………………………………………………………………………………………………………………………………

Current Address:

…………………………………………………………………………………………………………………………………………………………………………………………

Postcode:Tel No: Date of Birth:

…………………………………………………………………………………………………………………………………………………………………………………………

If the name and/or address was different from the above during the period(s) to which the application relates please give details:

Previous Surname: (1) (2) (3)

………………………………………………………………………………………………………………………………………………………………………………………………………………

Previous address:

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See Intranet for Latest Version of this Document
Applicable dates:
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2. **Service user’s hospital or clinic contacts** – Please provide as much information as possible in relation to the episodes of care in which you are interested

<table>
<thead>
<tr>
<th>Date Attended</th>
<th>Hospital Unit/Resource Centre</th>
<th>Ward/Department Service</th>
<th>Consultant</th>
<th>Case note number (If known)</th>
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<td></td>
</tr>
</tbody>
</table>

3. **Other information** – Please record any other information that can be checked in our records to help with identification, e.g. reason for attendance, nature of treatment or illness.

........................................................................................................................................

4. **Form of access**
Do you require to:-
- Inspect the health record on Trust premises
- Receive copies See overleaf

5. **Declaration**

A. I confirm that action is/is not* being contemplated by this Patient against the Trust. If it is, please complete Law Society pro forma (Application on behalf of a Patient for Hospital Medical Records for use when court proceedings are contemplated) and attach to this form.

B. I declare that I am acting on behalf of ................. named overleaf, that I am duly authorised to make this application and that the information given on this form is correct to the best of my knowledge.

C. I agree to pay the published tariff within the Trust’s business terms of 30 days.

Signature: ___________________________ Date: ___________________________
Name of applicant: ..................................................................................................................................................

Address to which completed correspondence and Invoice should be sent ........................................................................................................................................

6. Please return this form to:

Trust Health Records Adviser
Lancashire Care NHS Foundation Trust
Health Records Archive
Guild Park
Whittingham Lane
Goosnargh
Preston
PR3 2JH
01772 695376

You will be advised of the acceptance of your application by letter at which time a fee is payable.

7. Authorisation

I declare that I am the Service User and that I authorise the person named above to have access to my health records identified overleaf.

Signature: ________________________________ Date: __________________________

Not necessarily required where the Applicant has parental or legal responsibility for the patient.
- Delete as appropriate.

FOR OFFICIAL USE ONLY

Date Application form Received: ___________________________ Ref No: ___________________________
APPENDIX E
AHR 3

In Confidence

Request for access to Health Records
(Representative of deceased)
(Please complete in block capitals and black ink)

Please note that a fee of £10.00 is payable for access to data. A further charge plus VAT up to a maximum of £50 will be made for any photocopies

1. Particulars of person whose information is requested

Surname: Forename(s):

TERNALS: Forename(s):

(Male/Female)

Last Address:

Postcode: Tel No: Date of Birth:

If the name and/or address was different from the above during the period(s) to which the application relates please give details:

Previous Surname: (1) (2) (3)

Previous address:

Applicable dates:
2. **Service user’s hospital or clinic contacts** – Please provide as much information as possible in relation to the episodes of care in which you are interested.

<table>
<thead>
<tr>
<th>Date Attended</th>
<th>Hospital Unit/Resource Centre</th>
<th>Ward/Department Service</th>
<th>Consultant</th>
<th>Case note number (If known)</th>
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</tr>
</tbody>
</table>

3. **Other information** – Please record any other information that can be checked in our records to help with identification, e.g. reason for attendance, nature of treatment or illness.

……………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………

4. **Declaration**

I declare that I am acting on behalf of ……………………………. named above, that I am duly authorised to make this application and that the information given on this form is correct to the best of my knowledge.

Signature:  
Date:
……………………………………………………………………………………………………………………
Name of applicant:
……………………………………………………………………………………………………………………
Capacity in which application is made:
……………………………………………………………………………………………………………………
Address to which completed correspondence should be sent:
……………………………………………………………………………………………………………………
5. Please return this form to:

Trust Health Records Adviser
Health Records Archive
Guild Park
Whittingham Lane
Gosnargh
Preston
PR3 2JH
01772 695376

You will be advised of the acceptance of your application by letter at which time a fee is payable.

FOR OFFICIAL USE ONLY

Date Application form Received Ref No.
------------------------------------------------------------------------------------------------------------------------
Lancashire Care NHS Foundation Trust

ACCESS TO HEALTH RECORDS PROCEDURE

Is the service user currently in the ward or department?

**AHR 1**
Request applicant to submit written request to:
The Health Records Adviser Lancashire Care NHS Foundation Trust or Access Facilitator

**YES**
Patient seen within the previous 40 days

**NO**
Charge made for access and photocopying (Maximum £50)

Current Episode of care

Check for Exclusions i.e. Third Party and Detrimental Information

Allow supervised access with explanation of contents

Previous episode of care

Applicant requires photocopies

HEALTH RECORDS ADVISER – 01772 695376 FOR FURTHER GUIDANCE
Appendix G

Checklist to deal with Data Protection and access to Health Records Requests

1. Ensure that each subject access request is date stamped with the date it was received in the department/site

2. Maintain the electronic register of all requests

3. Has the individual making the request provided reasonable information/authorisation to satisfy you as to his/her identity? If not seek further information including written authorisation to disclose.

4. If the individual making the request is not the service user obtain the service user’s authorisation to disclose.

5. If the service user is unable to consent confirm that the individual making the request is the service user’s next of kin or holds enduring power of attorney for the service user

6. Has the request been made in writing (including e-mail)? If not there is no need to comply with the request, but the reason for not complying should be given.

7. Has the prescribed fee (if applicable) been paid? If not there is no need to comply with the request, but the reason for not complying should be given.

8. Is the request open ended or too vague? If so you are entitled to ask the individual for further information to help you locate the information. You do not need to comply with the request until you have been provided with the information.

9. The disclosure timescales of 20 working days for patients seen within the previous 40 days or 40 days for patients not seen within the past 40 days starts on acceptance of the request and fee.

10. If the focus of the information is on something other than an individual service user, the information should not be disclosed. The applicant must be instructed to resubmit the request through the Freedom of Information Act access process.

11. Can you comply with the request without disclosing information relating to another individual (e.g. by deleting the identities of any third parties)? If not has the third party consented to the disclosure?

If you are unable to obtain the consent of the third party is it reasonable to comply without consent? If not there is no need to comply with that part of the request that identifies the third party, but the person making the request must be informed of this.
Third party exclusions do not include the names of staff from any organisation that have contributed to the Health Record in the service users care process.

12. Does the supply of a copy of information require a ‘disproportionate effort’ bearing in mind the prejudicial effect on the individual of not providing a copy of the information? If so, there is no need to provide a copy of the information requested, but the individual must be informed of the reasons why supplying a copy would involve a disproportionate effort. Consider whether there is an alternative method of making the information available.

13. When was the request made? If the same individual made an identical request less than one month ago, you do not need to comply with the second request. If more than one month has elapsed since the last request was made by that individual process the new request as a ‘top up’ of information collected since the last disclosure and charge as a new request.

14. Has the individual making the request specified that his/her request is limited to data of a specific description or timescales? You may limit the access to the data accordingly.

15. If the service user is currently receiving care the Trust encourages its Clinical Staff to give Informal access by allowing the service user to read the case notes in the presence of staff qualified to respond to any questions which may arise.

16. The Clinician responsible for the service user’s care must be given the opportunity to withhold any part of the record if they feel disclosure would be detrimental to the service user’s physical or mental health or put the physical or mental health of carers at risk. In this case the Clinician must provide a written explanation of their reasons to enable the Trust to justify the decision in the event of any complaint to the Information Commissioner’s Office.

17. Ensure that original documents are marked as they are copied to enable you to audit full disclosure in case of future complaint.

18. Send copies data by recorded delivery or request the applicant to collect the copies in person and sign a receipt of collection.

19. Maintain the electronic register of all requests processed including the following:

- Name, address, patient identifier of the data subject
- Brief description of the data requested e.g. Burnley Adult Mental Health case notes
- Date received and processing start date if inadequate information was provided in the original request. This is to monitor processing timescale compliance.
- Target disclosure date
- Name and address of the individual requesting the information together with their relationship to the data subject
- Number of copies provided
- Description of any documents withheld
- Cost of Administration, Copying, postage and package—up to a maximum of £50.
- Date of disclosure or posting
- Maintain a chronological file by date of completion of application letters and data subjects authorisation to disclosure
- All related correspondence (excluding copies of the record) can be appended to the electronic subject access register
# APPENDIX 1 EQUALITY IMPACT ASSESSMENT DETAILS

<table>
<thead>
<tr>
<th>Manager or Sponsoring Directors Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Directorate:</td>
<td></td>
</tr>
<tr>
<td>Service/Team:</td>
<td></td>
</tr>
<tr>
<td>Assessment Lead:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

Who else will be involved in undertaking the equality analysis and impact assessment:

Who are you involving and consulting with?

How are you consulting with people from different Protected Characteristics?

<table>
<thead>
<tr>
<th>Who does the policy or decision being made impact upon?</th>
<th>Service Users</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers or family</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Public</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner organisations</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: | Date:

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## What is being analysed and assessed?

### Name of ‘activity’:
Policy/strategy/policies/services/projects/functions commissioning or decommissioning decision will be referred to as ‘activity’ throughout the document.

### Implementation Date:

### How was the need for the ‘activity’ identified?

### How is the activity meeting that need?

### What is the activity looking to achieve?

### What are the aims and objectives?

### Services currently provided:

### Recommendations following change in service:
(Please outline recommendations that have been identified for implementation following a review of the activity).

### What Evidence have you considered as part of the Equality Analysis and Impact Assessment?

(insert here)

1. All research evidence base references including nice guidance and publication – please give full reference
## Equality Analysis and Impact Assessment

Does the ‘activity’ have the potential to:

- Have a **positive** impact (benefit) on any of the groups? **Explain how**

<table>
<thead>
<tr>
<th>Group</th>
<th>Positive (Y/N)</th>
<th>Negative (Y/N)</th>
<th>Don’t know</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td>Please refer to the guidance notes</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td>NB: Requires (existing or new) consultation with ‘relevant’ people who are from these groups or who have knowledge insight into these groups. N.B. Marriage &amp; CP is only protected in terms of work-related activities NOT service provision (please refer to guidance notes)</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
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<td></td>
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<tr>
<td>Pregnancy and maternity</td>
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<tr>
<td>Race</td>
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<tr>
<td>Religion or belief</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Sexual orientation</td>
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<tr>
<td>Gender reassignment</td>
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<tr>
<td>Vulnerable Groups</td>
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<tr>
<td>Deprived Communities</td>
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<td></td>
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<tr>
<td>Carers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other (please state)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>A lack of negative impacts must be justified with evidence and clear reasons. Highlight how the policy negates any possible negative impacts.</strong></td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>If no negative impacts have been identified please explain why</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
| **Does the ‘activity’ raise any issues in relation to Human Rights as set out in the ** **Human Rights Act 1998** |  |  |  | **See the Guidance Notes**  
It is important to note that if the decision removes or engages a person’s absolute right the policy/decision will need to be changed.  
Where it is a Limited or Qualified Right the decision needs to be proportional and legal. |
| **Have you carried out the Privacy Impact Assessment** |  |  |  |  |
| □ Yes | □ No |  |  |  |
| What were the findings of the privacy impact assessment when carried out: |  |  |  | Representatives from IM&T will make this decision as part of the scrutiny process |
| **What is the overall cost** | **Cost & Source(s) of funding** |  |  |  **Input cost e.g. Financial investment,**  |
### Access to Health Records Policy

| What are the benefits? | Benefit | Indicator | Actions to minimise risk:
|------------------------|---------|-----------|-----------------------------
| What targets/indicators will be used to measure these? | For example | EDS – Equality Tool for NHS Care Quality Commission (CQC) Outcomes |

#### Impact Assessment Risk Score
See Appendix 1

<table>
<thead>
<tr>
<th>Score:</th>
<th>No major change in policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjust policy</td>
<td></td>
</tr>
<tr>
<td>Continue policy</td>
<td></td>
</tr>
<tr>
<td>Stop and reconsider policy</td>
<td></td>
</tr>
</tbody>
</table>

#### Action following analysis:
See page 7 above.

It is important that the correct option is chosen depending on the findings of the analysis.

The action plan and risk assessment must be completed as required.
<table>
<thead>
<tr>
<th>What is the negative/adverse impact?</th>
<th>Risk Score</th>
<th>Actions required to reduce/eliminate the negative impact</th>
<th>Resources required* (see guidance note below)</th>
<th>Who will lead on action?</th>
<th>Target completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>current</td>
<td>target</td>
<td>current</td>
<td>target</td>
<td>current</td>
<td>target</td>
</tr>
</tbody>
</table>

* ‘resources required’ is asking for a summary of the costs that are needed to implement the changes to mitigate the negative impacts identified.

Access to Health Records Policy

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### Monitoring and Review

#### Monitoring
The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.

The Impact Assessment action plan will also be visible at a corporate level through the scrutiny and sign off of the EIA summary by the Equality and Diversity Lead.

Monitoring arrangements for Impact Assessments and their subsequent action plans will be achieved at a strategic level, through the Strategic Equality and Diversity Group.

<table>
<thead>
<tr>
<th>Please describe briefly, how the action plan will be monitored? E.g.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitored by departmental E&amp;D group</td>
<td>Strategic D&amp;E Group - NHS</td>
</tr>
</tbody>
</table>

#### Review
The responsibility for establishing and maintaining the review arrangements of the Impact Assessment and the action plan lies with the service completing the Impact Assessment.

<table>
<thead>
<tr>
<th>Date of the next review of the Impact Assessment?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It should be reviewed at least every three years to meet legislative requirements</td>
<td></td>
</tr>
<tr>
<td>How often will the EIA action plan be reviewed?</td>
<td></td>
</tr>
<tr>
<td>Who will carry out this review?</td>
<td></td>
</tr>
</tbody>
</table>

| References (websites, journals, reports etc) | Please identify additional sources of information you have accessed to complete the EIA. |

| Signature of person completing the impact assessment: | Signature of Equality and Diversity Lead or Scrutiny group representative: |
| Date Completed: |  |

| Date received: |  |

| Signature of Network / Service Lead: | Date Scrutinised: |
| Date Completed: |  |

| Date Signed Off: |  |