

SUBJECT ACCESS REQUEST

Information Leaflet & Application Form



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HEALTH CENTRE

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Subject Access Request under GDPR & Data Protection Act 2018

Under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 2018), all Watford Health Centre (WHC) patients may request a copy of their health records held at the GP surgery. A request for access under the GDPR (and DPA 2018) by a patient, or by a third party who has been authorised by the patient, is called a subject access request (SAR).

Who may apply for access?

Patients with capacity

Applications can be made electronically, in writing or verbally. Competent patients or authorised third parties are required to complete a request form available on WHCs website, or by attending the GP surgery for a paper copy of the form to be completed. WHCs SARs team are available onsite at WHC to assist patient's/ authorised third parties who may require additional help such as completing a SARs request verbally. In all cases, WHCs SARs team will conduct appropriate a proof of identity check as outlined in section 5 of the application form for access to health records. If the patient has no ID and known to the surgery section 6 needs to be completed (countersign)

Patients without capacity

The GDPR and Data Protection Act 2018 do not provide subject access rights to third parties when they are acting on behalf of an individual who is lacking competence or capacity. Subject access rights lie with the individual who is the subject of the record and a solicitor acting on behalf of their client's representative can request records

Deceased patients

The GDPR does not apply to data concerning deceased persons. However, the obligation to respect a patient's confidentiality extends beyond death as detailed in under section 41 of the Freedom of Information Act. Please see attached link for guidance [Access to the health and care records of deceased people - NHS Transformation Directorate \(england.nhs.uk\)](#)

Children and Young People Under 18

Where a child is competent, they are entitled to make or consent to a SAR to access their record. Children aged over 12 years (16 years for online access) are presumed to be competent. Children under 13 years in England must demonstrate that they have sufficient understanding of what is proposed in order to be entitled to make or consent to an SAR.

Where a child is considered capable of making decisions about access to his or her medical record, the consent of the child must be sought before a parent or other third party can be given access via a SAR.

Solicitors

A patient with capacity can authorise a solicitor acting on their behalf to make a SAR. Solicitors must provide the patient's written consent. The consent must cover the nature and extent of the information to be disclosed under the SAR (for example, past medical history), and who might have access to it as part of the legal proceedings.

Where there is any doubt, WHC may ask the patient if they wish the 'whole' record to be disclosed.

Fee

At Watford Health Centre there is no charge for the first SAR in a calendar year. WHC will prepare a single copy and notify the applicant. From this date of notification, the SAR must be completed in one calendar month. The requestor can ask for the information to be sent directly to them (email or paper copy)

Upon the One calendar month period elapsing, WHC will assume the SAR is no longer required. Thereafter, if the SAR is still required or a second copy is required or if new information is required, then the applicant must complete a new application form.

For this and for any subsequent requests made within a short period of time, there may be a £150 non-refundable charge payable at the time of the application, before the SAR request is accepted and processed. At WHC, this short period of time is defined as one calendar year. In rare circumstance the second SAR request in one calendar year may be waived where there has been an extreme change in the patient's health condition as decided by the patients registered GP doctor (e.g. total loss of limb, para/quadruplegia or coma).

Issuing of SAR

Once the request has been received and verified, WHC endeavour to supply the SAR within one calendar month or 56 days where more time is needed to collate the data for a complex request. Sometimes additional information is needed before a SAR can be supplied. In such cases, an additional 2 calendar months will begin when the additional information is received.

Further Information

If you have any further questions or queries regarding a new or existing SAR application or if you have received your SAR and wish to discuss a matter, please contact Watford Health Centre's SAR team via telephone, email or in person at the GP surgery.

Application form for access to health records

This form must be completed and signed in order for us to process your request.

Section 1: Patient details

Surname		Maiden name	
Forename		Title	
Date of birth		Address & Postcode	
Mobile number			
Whom requesting records (Please tick)	For me? Parent? Solicitor? Other?		
Contact details of requesting person (if different from above)			
Company name			
Surname		Title	
Forename		Mobile number	
Address & Postcode			

Section 2: Format of SAR

Please state the format in which you require your SAR to be issued.

☐ **Electronic** – via email (document will be password protect).
Email address: _____

☐ **Paper** (in the interest of security, these ideally need to be collected by the applicant by hand from the GP surgery)

Section 3: Record requested

Please tick or complete one of the following.

If you have a letter stating what you need, please INCLUDE a copy of this with the application.

- ☐ A copy of my recent blood test result/investigation: Date.....
- ☐ A brief summary records (includes medications, problems, immunisations and most recent consultations).
- ☐ Information for my DWP application (Universal credit/ESA/PIP)
- ☐ A copy of records relating to a specific problem/condition/incident. Please comment (dates/ailment/hospital)
.....
- ☐ A copy of records between the datesto

Comments.....
.....

Section 4: Proof of identity

4A – Evidence

Evidence of the patient's and/or the patient's representative identity will be required. Please attach copies of the required documentation to this application form.

	Type of applicant	Type of documentation	OFFICE:
1	An individual applying for his/her own records	One copy of identity and proof of address required e.g., copy of birth certificate, passport, driving licence, plus one copy of a utility bill or medical card, etc.	
2	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient's identity and covering letter from a solicitor's office on a letter headed paper. For the Law Society Accredited Solicitors, we will require LEXEL or SRA ID, all other solicitors and other individuals to provide copy of photo ID.	
3	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child and copy of correspondence addressed to person with parental responsibility relating to the patient	
4	Power of Attorney/Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney/Agent plus proof of the patient's identity (see examples in '1' above)	

Section 5:

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

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.

Additional notes

Before returning this form, please ensure that you have:

- a) Signed and dated this form
- b) Enclosed proof of your identity or alternatively confirmed your identity by a countersignature
- c) Enclosed documentation to support your request (if applying for another person's records) including their consent letter signed within the last 3 months of receipt

Incomplete applications will be returned. Please therefore ensure you have the correct documentation before returning the form.

6 – Countersignature

This section may be completed if 4A cannot be fulfilled.

This section is to be completed by someone (Not a family member) who can vouch for your identity.

I (insert full name)

.....
Certify that the applicant (insert name)

.....
has been known to me personally as foryears
(insert in what capacity, e.g., employee, client, patient, relative etc.) and that I have
witnessed the signing of the above declaration.

I am happy to be contacted if further information is required to support the identity of
the applicant as required.

SignedDate

Name.....Profession.....

Address.....

.....

Daytime telephone number.....