

FULL CLINICAL RECORD ACCESS (DSAR)

The new General Data Protection Regulation (replaced the Data Protection Act from 25 May 2018) gives every living person, or authorised representative, the right to apply for access to their health records.

Requesting Full Clinical Access to your Medical Record

To request for access to your medical record, all patients and authorised third parties must read the information below and complete the attached Data Subject Access Request (DSAR) form.

In accordance with the GDPR, patients are entitled to receive a response within the maximum given time frame of 30 days from the date of submission of the DSAR. In the case of complex or multiple requests, we have the right to extend the response time by a period of two months. In such instances, you will be informed and the reasons for the extension given. On the DSAR form, we ask you to specify the aspect of your medical record that you want access to, where possible. This is to ensure timely management of your request and avoid any delay in making it available to you.

In the first instance, the requested record will be made available via our online services. You can use this to view certain aspects of your medical records in addition to booking appointments and ordering prescriptions. You can then print or save your record as desired. You may also request paper copies of health records. Paper copies will be printed and made available for you to collect from reception.

There are occasions when a GP may firmly believe that it is not appropriate to share all the information contained in a person's record, particularly if there is potential for such information to cause harm or distress to individuals, or when the record has information relating to a third party.

Winton Health Centre has the right to remove your online access if you do not use it responsibly or if there is evidence that access may be harmful to you. Access is given at the discretion of your GP.

What can you view when you have Full Clinical Access online?

The system allows you to view the following areas of your medical record;

- All entries on your medical record including free text,
- Test results,
- Medications,
- Allergies,
- Immunisations,
- Letters/attachments.

In addition, an audit log is maintained showing who has accessed your record, and when. You are also entitled to request a copy of this log. You can view your own health record, change how your record is accessed, and view an audit trail of who has accessed your record.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you must have read and understood the following before you log in.

1. Forgotten history:

There may be something you have forgotten about in your record that you might find upsetting. Abnormal results or bad news if your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the health centre is closed, and you cannot contact them.

2. Choosing to share your information with someone:

It's up to you whether you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

3. Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

4. Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact us for a clearer explanation.

5. Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the health centre as soon as possible.

Can I alter the record?

No. This is a 'read only' facility. You can however, print off details to take to a hospital appointment etc. If you think that there is something that needs to be changed, you will need to contact us directly.

What about security?

- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you can't do this for some reason, you must contact the health centre so that they can remove online access until you are able to reset your password.
- If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- It is a contractual requirement for all GP surgeries to provide online records. Winton Health Centre is not responsible for the specification or security of NHS systems or the services that the NHS use or approve as being suitable to provide such services. Please be aware no online system is 100% secure and any such system can never be guaranteed to be impossible to be hacked.
- Record access is supported by the NHS. NHS approved systems and suppliers are used to support this online service. Your information will remain under the management of the NHS as it does now. You control viewing by using your username and password. You will be responsible for keeping your log in details safe. It should be noted that no online system is fully secure and that by giving your consent to accessing medical records online that there is the risk that hackers could gain access to such records. Winton Centre will play its part in minimising any such risk, but it cannot guarantee the security of NHS systems or NHS approved suppliers.

How do I get started?

1. You must be registered for online services already (additional form required, available at reception). If you are requesting paper copies this is not necessary but please ensure this DSAR form is completed accordingly.
2. You must have read and understood this Information Leaflet before you start using the system.
3. You must complete the DSAR form and bring photographic identification to reception for us to photocopy.
4. You must have a valid email address to which your login details can be sent and must be kept secure.

Acceptable Identification Documents for Full Clinical Access

- Current signed full passport
- Current driving licence
- EU/EEA identity card

To apply for access to your medical records please complete the application form below and bring to reception with a valid form of photo identification to confirm your identity. This is to comply with the practice data protection policy. Please note: access is granted at the discretion of your GP. You will be informed if there any restrictions to your access or if access is not granted. **This process may take up to 30 days.**

BLANK



Winton Health Centre

<input type="checkbox"/>	Driving Licence
<input type="checkbox"/>	Passport/ ID Card
<input type="checkbox"/>	Vouched for by GP
CHECKED BY	

APPLICATION FORM FOR FULL CLINICAL RECORD ACCESS
DATA SUBJECT ACCESS REQUEST (DSAR)

It can take up to 30 days for us to complete this process.

This form must be completed in BLACK or BLUE ink and signed, for us to process your request.
By completing this form, I confirm I have read and understand the information provided in the leaflet.

Section 1: Patient details

Surname		Title	
Forename		Date of birth	
Address		Postcode	
Telephone number		Email address	
NHS number (if known)		Hospital number (if known)	

Section 2: Record requested - please tick accordingly:

In the first instance your record will be made available via our online services:

- I accept that I will access my record online and have completed an online application form and provided a valid email address

- I am unable to use online services and require paper copies.

FOR PAPER COPIES ONLY, SELECT AN OPTION IN THE TABLE BELOW.

	Please provide me with a copy of records between the <u>dates</u> specified below:
	Please provide me with a copy of records relating to the <u>incident</u> specified below:
	Please provide me with a copy of records relating to the <u>condition</u> specified below:
	Please provide me with a copy of all records held:

Section 3: Details of applicant: please enter details of applicant if different from Section 1

Surname		Title	
Forename		Date of birth	
Address		Postcode	
Telephone number		Relationship to patient	

Section 4: 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 medical 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:
 - has consented to my making this request, or
 - 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.

It can take up to 30 days for us to complete this process

For staff use only: PINK

DSAR

Form received on:

Patient’s access granted/ refused on:

Section 5: Proof of identity

Please indicate how proof of ID has been confirmed. Please select 'A' or 'B':

	Method in which identity is confirmed	Option taken	Documents attached
A	Attached copies of documents as noted in section 4A below	Yes/No	If Yes, please indicate here which documents have been attached
B	Countersignature (section 4B). This should only be completed in exceptional circumstances (e.g. in cases where the above cannot be provided)	Yes/No	Please indicate reason why this section was completed

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. Examples of required documentation are:

	Type of applicant	Type of documentation
A	An individual applying for his/her own records	One copy of identity required, e.g. copy of birth certificate, passport, driving licence.
B	Someone applying on behalf of an individual (Representative)	One item showing proof of the patient’s identity and one item showing proof of the representative’s identity (see examples in ‘A’ above)
C	Person with parental responsibility applying on behalf of a child	Copy of birth certificate of child & copy of correspondence addressed to person with parental responsibility relating to the patient
D	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 ‘A’ above)

4B – Countersignature

This section is to be completed by someone (other than a member of your family) who can vouch for your identity. This section may be completed if 4A cannot be fulfilled.

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.

Signed **Date**

Name **Profession**

Address

.....

Daytime telephone number

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)*

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