

Application Form – Clinical Records

The General Data Protection Regulation (GDPR) gives every living person 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 **or**
- Someone acting on behalf of the person who the information is about.

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

- 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.
- If we send your information outside Europe, and if we do what security measures we take to protect it.
- If you can request rectification or restriction or objection of processing of your information; and
- That you can make a complaint to the Information Commissioners Office.

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

You may not 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 you), unless that person gives their permission.

If you have any questions about your rights under the General Data Protection Regulation, you can contact us as follows:

- Legal Aspects Manager on 0141 211 3855 or at ggc.legalaspectsnorth@nhs.scot
- Data Protection Advisor on 0141 355 2059 or at data.protection@ggc.scot.nhs.uk

Alternatively, you can contact the Information Commissioner's Office at <https://ico.org.uk/>

If you wish to make a Subject Access Request you should complete this form and return this to the below address or submit electronically to ggc.legalaspectsnorth@nhs.scot

Legal Aspects Team
2nd Floor Admin Building
Gartnavel Royal Hospital Campus
1055 Great Western Road
Glasgow G12 0XH

Response time

We will aim to acknowledge receipt of your request within two working days.

We will deal with your request as quickly as possible, and within one calendar month of receiving your completed application form.

If you have requested copies of your records we will send these to you by Recorded Delivery

If we have any problems obtaining your information, we will keep you up to date with our progress.

How long records are kept

Health records are kept for a limited time and this is noted below for your information:

- Adult general hospital records - six years after the date of the last entry;
- Maternity records - 25 years after the birth of the last child;
- Children's and young people's records - until the child or young person's 25th birthday;
- Mental health records - 20 years after the date of the last contact.

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

Please Read

Points to consider

Accessing your health records is an important matter and could, in certain circumstances, cause distress. You may wish to speak to an appropriate health professional before completing the application form.

We will ask you to provide Photographic identification, such as a passport or driving licence, together with proof of your address, before we release any information to you.

This ensures confidential information is only released to the right person.

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

There are additional notes to help you fill in the form on page 6.

General Data Protection Regulation – Subject Access Application Form

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 healthcare professional in charge of the patients' care for each period of treatment in the 'healthcare professional' column.

| Name/s of Hospitals Attended | Ward, clinic, department, specialty or service | Name of healthcare professional (if known) | Dates from | Dates to |
|-------------------------------------|---|---|-------------------|-----------------|
| | | | | |
| | | | | |

Section 3: Any other information

Give details in the box below of any further information you think may be helpful to us.

| |
|--|
| |
|--|

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

| | | | |
|----------------------------|--------------------------|----------------|--------------------------|
| View original records only | <input type="checkbox"/> | Provide a copy | <input type="checkbox"/> |
|----------------------------|--------------------------|----------------|--------------------------|

Please note your records may hold many paper copies of laboratory results which contain figures and letters which may be understood only by a clinical person. If you wish us to provide copies of results please put an X in the box below. (Please note you will routinely be provided with copies of x-ray /scan reports as these are typed reports)

I wish to receive copies of laboratory results

If a copy of any part of the record is required following a viewing, these will be sent to you within 5 working days of the viewing.

Section 4: Declaration

You must sign this section and provide photographic identification. Any of the following is acceptable

- Passport
- Driving Licence
- Bus Pass
- Student Card

Releasing Information

Keeping personal information confidential and secure is extremely important to us. Please note we will send copies of information by recorded delivery post unless otherwise advised.

If you choose to collect the information in person we will require to see two forms of identification from 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 General Data Protection Regulation.

Signature: _____ Date: _____

I am the person named in section 1. (Go to section 6).

If you are not the person named in section 1 please tick the appropriate box below:

- I have been asked to act on behalf of the person named in section 1, and that person has completed section 6. (Please go to sections 5)
- I am the parent or guardian of the person named in section 1, and that person is under 16 years old and has completed section 6.* (Please go to sections 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. (Please go to sections 5)
- I have been appointed by the court to manage the affairs of the person named in section 1 and enclose proof of this. (Please go to sections 5)

*Please note: 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.

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 & Contact 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 NHS Greater Glasgow & Clyde 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: _____

Notes to help you fill in the form

Personal information

Personal information is information we hold in health records, patient administration and information systems, clinical systems, and other databases or files. We may hold personal information on paper and/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 General Data Protection Regulation 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.