

Patient Medical Records – Subject Access Request Form

1. Details of the Person the Request is About (Data Subject) <input type="checkbox"/>			
Title:	Miss / Mr / Mrs / Ms / Mstr / Mx /	Given Name(s):	
Family Name:		Previous Family Name:	
Date of Birth:		Gender Identity:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Other
Current Home Address (1):		Mobile Telephone:	
		Home Telephone:	
		Email Address:	
Post-Code:		Jersey SSD Health Insurance Number:	

2. Previous Home Address (Please provide residence address for the period to which the request refers. Further space is provided on the next page) <input type="checkbox"/>			
Previous Home Address & Post-Code (2):		Previous Home Address & Post-Code (3):	
Date From / To:	/	Date From / To:	/

3. Third Party Request Details (If the information is being requested on behalf of the data subject) <input type="checkbox"/>			
Title:	Miss / Mr / Mrs / Ms /	Given Name(s):	
Family/Company Name:		Date of Birth:	
Address & post-Code:		Mobile Telephone:	
		Home Telephone:	
		Email Address:	

4. Third Party Relationship to the Data Subject <input type="checkbox"/>	
<input type="checkbox"/> I am the patients personal representative (please attach proof of relationship, see section 5 for further details) <input type="checkbox"/> I am the executor of the estate (please attach confirmation of your appointment) <input type="checkbox"/> I have been designated the administrator of the data subject (please attach confirmation of your appointment) <input type="checkbox"/> I have a claim arising from the data subjects death (please provide details of this claim below)	

5. Proof of Identity (for Data Subject and/or Third Party) <input type="checkbox"/>	
It will be necessary to confirm the identity of ALL parties included on this form. Please supply an original document from sections A and B below and ALL relevant documents from Section C and D with the application if relevant with this form to be checked and verified (copies are not retained):	
Section A:	<input type="checkbox"/> Passport <input type="checkbox"/> Full Driving License <input type="checkbox"/> National Identity Card
Section B:	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank/Credit Card Statement <input type="checkbox"/> Income Tax/Social Security Notice
Section C:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Deed Poll Certificate <input type="checkbox"/> Other Legal
Section D:	Confirmation that a third party can access the records of the data subject: <input type="checkbox"/> Proof of Relationship to subject (ie personal representative) <input type="checkbox"/> Data Subject Signed Consent (see section 8) <input type="checkbox"/> Confirmation of appointment as executor of the estate of a deceased data subject <input type="checkbox"/> Confirmation of appointment of administrator of a deceased data subject

6. Information Being Applied for by the Data Subject <input type="checkbox"/>			
<input type="checkbox"/> I am applying for access to view my complete health record <input type="checkbox"/> I am applying for access to view part of my health record (please give dates below) <input type="checkbox"/> I am applying for copies to be provided of my complete health record <input type="checkbox"/> I am applying for copies to be provided of part of my health record (please give dates below)			
Date(s) From:		Date(s) To:	
Types of records you require:	<input type="checkbox"/> Consultations <input type="checkbox"/> Results/Reports <input type="checkbox"/> Correspondence <input type="checkbox"/> Referrals <input type="checkbox"/> Other		
How do you wish to receive it?	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Other		
Your Usual GP:			
<p>Reason for your request: You do not have to provide a reason for applying for access to your health records. However, to help us save time and resources, it would be helpful if you could provide details in the space below on the elements or specific parts of your health record you require, along with any other details which you may feel have relevance to your request.</p>			

7. Comments or Further Details In Relation to this Subject Access Request <input type="checkbox"/>

8. Data Subject and Third Party Representative Declaration <input type="checkbox"/>		
<p>Your declaration to us:</p> <ul style="list-style-type: none"> I confirm that all the information provided in this form is accurate and true to the best of my knowledge. I hereby consent to the Practice providing this information to me or where the form has been completed, to my appointed Third Party Representative named in this form above and signed by them below in accordance with Data Protection Law. 		
Signed (Applicant):	Print Name:	Dated:
Signed (Third Party):	Print Name:	Dated:

For Practice Use Only			
Date Form Received:		Received By:	
Data Subject ID Verified:		Third Party ID Verified:	
Reason for Request Validated:		Further Validation Requested:	
Information Reviewed by GP:		Information Provided:	
SAR Closed Date:		SAR Documents Scanned Date:	

Our Full Data Protection and Privacy Policy

This is available at our Practice or on our website.

What do you do if you have any questions

Should you have any questions about our privacy policy or the data or information we hold about you, you should contact either the Practice:

- Information Governance Lead (in the first instance) or;
- Data Protection Officer

Details of these individuals and their contact details can be found at the back of this patient information leaflet.

Complaints

We accept that sometimes things can go wrong and in the first instance you should contact our Data Protection Officer with your complaint, who will advise you of our complaints policy if required.

However in the unlikely event that you are unhappy with the way we have handled your complaint, or our data processing methods, you have the right to lodge a complaint with the Office of the Information Commissioner:

Office of the Information Commissioner
Brunel House
Old Street
St Helier
Jersey
JE2 3RG

Email: enquiries@oicjersey.org
Telephone: +44 (0)1534 716530

IMPORTANT: Keeping us informed and up to date

You can of course help us keep your data accurate and up to date. If you change your address or contact details we will need to hear from you. Please contact the Practice admin team or visit our website for further information. You will need to provide proof for change of name or of address.

Practice Information Governance Lead

Dr James Keir
lidomedicalpractice@imp.gpnet.je

Practice Data Protection Officer

Annette Byrne
lidomedicalpractice@imp.gpnet.je
01534 723892

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Lido Medical Practice

Patient Access to Medical Records and Subject Access Requests

Patient Information Leaflet

Version: 2018.1
Dated: 06 July 2018



Your Right to Access Your Health Record

The Data Protection law gives every living person, or their authorised representative, the right to apply for access to their health records.

How to Request Access

A request for your medical health records held at our Practice should be made by completing our Subject Access Request Form, which is available from the Practice or via our Website. Please contact the us for alternative methods of obtaining access if you are unable to make a request by this method.

Need for Identification

The data controller is not obliged to comply with your access request unless they have sufficient information to identify you and to locate the information held about you.

How Long Before You Will be Provided the Information You have Requested

Once the data controller has all the required information, your request should be fulfilled within 4 weeks (in exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met).

Withholding Information

In some circumstances, the Data Protection law permits the data controller to withhold information held in your health record.

These rare cases are:

- Where it has been judged that supplying you with the information is likely to cause serious harm to the physical or mental health or condition of you, or any other person, or;
- Where providing you with access would disclose information relating to or provided by a third person who had not consented to the disclosure, this exemption does not apply where that third person is a clinician involved in your care.

Helping Us Assist You With Your Request

When making your request for access, it would be helpful if you could provide details of the time-periods and aspects of your health record you require (this is optional, but it may help save Practice time and resources and reduce the cost of your access request).

Receiving the Information You Have Requested

The practice will sent your information electronically by email if you provide us with an email address. We advise you not to use a shared email account. You take responsibility for the safekeeping of your medical information. Please enter the email address where requested fully and legibly.

Third Party Requests

If you are using an authorised Third Party representative, you need to be aware that in doing so they may gain access to all health records concerning you, which may not all be relevant. If this is a concern, you should inform your representative of what information you wish them to specifically request when they are applying for access.

Consent for children under 16 (Gillick Competence)

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated.

If a child under the age between 13 and 16 has “sufficient understanding and intelligence to enable them to understand fully what is proposed” (known as Gillick Competence), then they will be competent to give consent for themselves.

Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this Consent Form for themselves, but may wish a parent to countersign as well.

If the child is not able to give consent for themselves, someone with parental responsibility should do so on their behalf by signing the Subject Access Request Form.

