

**CANOLFAN IECHYD
AMLWCH
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Ynys Môn LL68 9AB**

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High Street
Ynys Môn LL67 0HU**

ACCESS TO RECORDS GUIDE

Introduction

Under GDPR any individual has a right to see personal information the Practice is holding about them.

Patients can authorise third parties, such as family members, insurers, solicitors or employers to request information, requesting reports, letters or copies.

Requests for data under GDPR must be responded to within 1 month and no fee will be charged unless the request is manifestly unfounded or excessive, particularly if it is repetitive. If a fee is to be charged we will contact you before proceeding. If the provision request is complex an extension to the 1 month period may be required; the requestor will be advised accordingly.

Request Procedure

Please complete the form overleaf with as much information as possible. Before issuing copies we will need to confirm the identity of the requestor (please provide photographic ID and proof of address). Information collected by this form is required to enable your request to be

processed, and will only be used in connection with the processing of this Subject Access Request. If the request is from a third party, patient consent must be included.

Copies of full records to solicitors will only be provided upon receipt of the recommended BMA/Law Society recommended consent form, which can be obtained from the surgery.

Viewing records

A patient can request sight of their paper and electronic records. An appointment should be made, via reception, to do this with the Practice Manager. The Access Form overleaf must be completed, and proof of identity will be required.

Copies of records

Electronic Summary

A print out of a patient's full electronic records can be provided. This will hold details of all recent correspondence, consultations and treatment, and a summary of earlier paper records.

Paper Records

Some older records may be held in paper format only and additional copying/scanning will be required to provide these records. Key information will have been summarised onto the electronic records.

We would encourage those requesting data, to discuss any request for copies of full records due to the size and potential complexity of the records.

Exemptions

Access may be denied or restricted where

- The record contains information which identifies a third party that is not a care professional and has not consented to disclosure.
- Access will prejudice the carrying out of care by reason of the fact that serious harm to the physical or mental wellbeing of the individual or any other person is likely.
- Access to all or part of the record will seriously harm the physical or mental wellbeing of the individual or any other person.

Special circumstances

Deaf Blind or Reading/Language Difficulty

Arrangement will be made to ensure the patient can give informed consent.

Access to Deceased Patients' Records

When a patient dies the records are no longer held by the Practice. We are required to send them to the Health Authority to be archived.

Should a family member or other third party require access to these records, the request will be forwarded by the practice to, or the request can be sent direct to this address:

Health Records Requests
Cwmbran House
Mamhilad Park Estate
Pontypool
NP4 0XS

or preferably:

nwssp-primarycareservices@wales.nhs.uk

APPLICATION FORM REQUEST FOR ACCESS TO PERSONAL DATA

PERSON WHOSE INFORMATION IS REQUIRED

Full name	
DOB	
Address & Tel No	

PERSON REQUESTING INFORMATION IF NOT THE PATIENT

Full name	
Address & tel No	

Summary of information required (please tick (✓) appropriate box & complete any additional information)

Sight of records only but no copies	
Full copy of all records	
Copy of selected parts	
If selected dates please specify from and to	
From to	
If selected departments or health condition please specify	

PLEASE TICK (✓) APPROPRIATE BOX and complete any additional information

I am the patient NB proof of identification will be required.	
I am acting on the patient's behalf (authorisation below must be completed). Relationship:	
I am the parent/guardian and the patient is under age 16 and is incapable of understanding the request. NB Proof of identification will be required.	
I am the parent/guardian and the patient is under age 16 and has completed the above request. NB Proof of identification and child's birth certificate will be required	
I have been appointed by the court to manage the patient's affairs. (Proof must be provided).	

DECLARATION

I declare that the information given in this form is correct to the best of my knowledge and that I am entitled to apply for access to the health records.

Signature

Date

Third Party Requests

AUTHORISATION OF(Please insert FULL NAME)

I hereby authorise my GP to release any personal data they hold relating to me covered by the Data Protection Act to: (enter FULL NAME of the person acting on your behalf) to whom I have given my consent to act on my behalf.

SIGNED: **Date:**

**Admin Use: id checked
Details of what provided**

completed by