# PATIENT DATA – MAKING A SUBJECT ACCESS REQUEST

## Introduction

The General Data Protection Regulation (GDPR) gives every patient (or their authorised representative) the right to apply for access to data or information held within their health record. To make a request to access information from your medical health record at the practice, you can apply to the Data Controller using the Data Subject Access Request form overleaf. (Please note that the practice does not have access to your hospital records or those of other service providers)

## Timescale & Costs

Once the Data Controller has received your completed form, your request should be fulfilled within one month. In exceptional circumstances, where it is not possible to comply with your request within this period, you will be informed of any delay and given an anticipated timescale as to when the information will be made available.

Under GDPR you will not normally be charged a fee for obtaining copies of any information from your record. However, should your request be considered unfounded or excessive, the request may be refused, or a fee could be incurred, based on the administrative cost of providing the information. We would of course advise you if this was the case. Please note your request would not be processed until any fee due was paid.

## Exemptions

In some circumstances, the Data Controller is permitted by the regulations 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.

When making a request it would be helpful if a clear outline description of the time- periods and/or aspects of your health record that you require access to and why is provided. Although this is optional, it will help us ensure that you receive the key information you actually require, and it can help save time meaning we may be able to deal with your request in a shorter timescale.

## Requests made via your authorised representatives

If you are using an authorised representative, you need to be aware that in doing so, they may gain access to all health records concerning you, which may not 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.

If we do get requests from an authorised representative, we will ask you to complete our consent form. We will only accept our own consent form as we want to be sure that we are only releasing information you wish to be released

If you authorise a solicitor to have copies of your medical records they will be contacted once the medical records are available for collection. The practice will not be responsible for any postage costs for your medical records.

## Further Information

Detailed information about your rights in connection with data held within your medical record can be found in the Practice’s Fair Processing & Data Privacy Notice which is available on the practice website [www.crownmedicalcentre.nhs.uk](http://www.crownmedicalcentre.nhs.uk/) or in hard copy from our reception desk.

**PATIENT DATA SUBJECT ACCESS REQUEST FORM**

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| --- | --- |
| **Name:** | **NHS No:** |
| **Telephone:** | **Email:** |
| **Address:** | |
| By completing this form, you are making a request under the General Data Protection  Regulation (GDPR) for information held about you by the practice that you are eligible to receive. | |
| **Outline purpose for request:** | |
| **Required information (and any relevant dates):**  [Example: Discharge letters from "Service A" between 1 May 2017 and 6 September 2017 or Full medical record between dates A and B] | |
| By signing below, you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not.  Please return this form to The Secretarial team, Crown Medical Centre, Venture Way, Taunton, TA2 8QY  Please allow 30 days for a reply. | |
| **Data Subject’s Signature:** | **Date:** |
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