

# Patient Information

from Queen's Hospital - [www.burtonhospitals.nhs.uk](http://www.burtonhospitals.nhs.uk)

telephone: 01283 566333

## Health Records Department How to access your health records: Information for patients

This information is for patients who wish to access their Health Records.  
It tells you about:

- Your right to see my health records
- Access to health records of someone who has died
- What a Health Record is
- How information is recorded
- Who to contact if you want to access your Health Records
- How much it will cost
- How long it will take
- Who to contact if you have any questions or concerns
- Where to obtain more information

### Do I have a right to see my health records?

Yes, you have a right to see your healthcare records under the **Data Protection Act 1998**. This right includes access to computerised information about you. You will be asked to provide 2 copies of documents verifying your identity.

### Can I apply to see the health records of someone who has died?

Yes, applications to access the records of a deceased person are governed by the **Access to Health Records Act 1990**. Under this legislation where the patient has died, their personal representative, executor or administrator or anyone having a claim resulting from the death, this could be a relative or another person, has the right to apply for access to the deceased's health record. You will not be given information that the person gave in the understanding that it would remain confidential. Access to information, which is considered not to be relevant, will not be given.

### What is a health record?

A health record consists of information about the physical or mental health condition of an identifiable individual person. The record may be made by, or on behalf of, a health professional about the care of that individual person.

## How is healthcare information recorded?

Healthcare information may be recorded in a computerised form, a manual form, or even in a mixture of both. **Healthcare information may include:**

- Hand written clinical notes
- Letters to and from other health professionals
- Laboratory/test reports
- Radiographs (X rays) and other imaging records
- Print outs from monitoring equipment
- Photographs
- Videos and tape recordings of telephone conversations

## Do I have to pay a fee to access health records?

The Trust is under no obligation to comply with requests for access to health records until adequate information and payment of the required fee has been received.

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### Access to healthcare records fees

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<b>No fee</b>	Patients wishing to view health records in manual or computerised form, who have attended the hospital within the last 40 days.
<b>£10</b>	Where access only (but not copies) is sought <b>by a patient</b> to manual or computerised records, none of which comprise a recent record (all are over 40 days old)
<b>No fee</b>	Health professionals treating patients in other NHS organisations
<b>No fee</b>	Police, Coroner, Criminal Injuries Board, Pensions, Social Services (subject to appropriate authority)
<b>£50</b>	Maximum fee to provide access/copies of patient health records held totally/part manually and in part on computer
<b>£10</b>	Maximum fee to provide access/copies of health records held totally on computer

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## How long will access take?

Where possible requests will be met within 21 days. Requests must be complied with within 40 days of receipt of the required information and fee.

## How do I apply for access to my health records?

You can make a formal request to see your health records. This formal request must be in writing.

**If you wish to apply to see your hospital health record, please write to:**

**The Health Records Manager**  
Health Records Department  
Queen's Hospital  
Burton Hospitals NHS Foundation Trust  
Belvedere Road  
Burton on Trent  
Staffordshire  
DE13 ORB

Your written request may be made using one of the forms attached to this leaflet, and needs to include enough information to enable us to search for the correct record.

### **Who do I contact if I have any questions or concerns regarding access?**

If you have any enquiries regarding access to health records, please telephone the Health Records Administration Department on **01283 511511, extension 5208/5209**

**A full copy of the Trust's Access to Health Records Procedure can be obtained from the Health Records Department.**

### **Where to obtain more information**

Patients Association  
PO Box 935  
Harrow  
Middlesex HA1 3YJ  
**Helpline: 0845 608 4455**  
**Email: [mailbox@patients-association.com](mailto:mailbox@patients-association.com)**  
**Web site: [www.patients-association.com](http://www.patients-association.com)**

**Burton Hospitals NHS Trust**  
**Application For Access to Records Form**  
**Data Protection Act 1998**

**Part 1 – Person that the information relates to (the data subject)**

Title	Mr	Mrs	Miss	Ms	Other:	
Surname					Forenames	
Date of Birth					Sex	Male      Female
Current Address						
Post Code					Telephone No.	

If the name and/or address was different from the above, during the period(s) to which your application relates please give details.

Previous Names

Previous Address

We have a duty to ensure that the information we hold is secure and so we must be satisfied that you are who you say you are. Please provide evidence of your identity by producing **copies** of **TWO** of the following documents. Where possible photographic ID is preferred and between them they must show your name, date of birth and current address. Please **DO NOT** send original documents.

Driving Licence       Passport       Utility Bill

If none of these are available please contact us for advice on other acceptable forms of identification. Failure to provide this proof of identity will delay your application.

**Part 2 – Is the requested information about you (are you the data subject)?**

**No the information is not about me** (go to part 3)      **Yes the information is about me** (go to part 4)

**Part 3 - Person acting on behalf of the data subject.**

Title	Mr	Mrs	Miss	Ms	Other:	
Surname					Forename	
Address						
Postcode					Telephone No	

What is your relationship to the data subject (e.g. parent, carer, legal representative)

Is the data subject deceased?    Yes     No

Applications to access records of a deceased person are governed by the Access to Health Records Act 1990. Under this legislation only their personal representative, executor, administrator or anyone having a claim resulting from the death may access such records.

Do you have legal authority to request the data subjects information?      Yes     No

If the data subject is under 16, do you have parental responsibility for them? Yes     No

Please provide proof that you are legally authorised to act on the data subjects behalf in the form of:

Letter of Authority     Lasting Power of Attorney     Evidence of Parental Responsibility

Other (give details)

Please provide proof that you are the person authorised to act on behalf of the data subject by enclosing a copy of one of the following:

Driving licence                          Passport   

Please contact us for advice on other acceptable forms of identification.

#### Part 4 – Details of information being requested.

Please help us to deal with your request quickly and efficiently by giving as much detail as possible about the information you want.

I require access to health records   

I require access to other records please specify

Under the Data Protection Act 1998 you do not have to give a reason for applying for access to your health records. However to help save time, **if you wish**, it would be helpful if you could provide details of periods and parts of the health records you require, along with details which you may feel have relevance. For example dates, consultant, ward or clinic attended. Continue on a separate page if required.

I wish to view the records personally at the hospital      
Do you have any special needs when viewing the Information?

I wish to have a copy of the records sent to me   

#### Part 5 – Declaration

I certify that the information provided on this form is true. I understand that Burton Hospitals NHS FoundationTrust is obliged to confirm proof of identity/authority. Please delete as appropriate.

- I am the data subject
- I am the deceased data subjects personal representative
- I am acting on behalf of the data subject
- I am acting in loco parentis and the data subject is under the age of 16

Name

Signature

Date

**Warning – a person who unlawfully obtains or attempts to obtain personal information is guilty of a criminal offence and is liable to prosecution.**

#### Part 6 – Before submitting this form please check that you have:

- **Enclosed 2 COPIES of proof of identity. Please do not send originals**
- **Given enough details for us to locate the information you want**
- **Completed all relevant sections**
- **Signed and dated the declaration**

**Please submit this form and accompanying documents by post to: The Health Records Manager, Burton Hospitals NHS Foundation Trust, Belvedere Road, Burton on Trent, Staffs, DE13 0RB**