

## **Access to your Records**

The data protection Act 1998 gives you the right to see personal health information about yourself.

### **How do you apply?**

You can ask the health professional responsible for your care if you can look at the records relevant to your current treatment.

All other applications should be made in writing, an application form is attached to this leaflet.

### **Who can apply?**

You can make your own application to see your records or you can authorise someone else to make the application and to look at them for you. A parent or guardian, a patient representative, or a person appointed by a Court can also apply. You can apply to see the record of a person who has died if you have a claim arising from that person's death. The holder of the record must be satisfied that the applicant has the authority.

### **How long does it take?**

The maximum period is 40 days from the date the request is received. If you have to supply further details, the period starts when these have been received.

### **How much does it cost?**

There is no charge if the patient is still under treatment. However, if the patient has been discharged from care and the record has not been added to in the previous 40 days then NHS Tayside can levy charges up to a maximum of £50.00.

### **What records can you see?**

You can apply for access to records that have been made about your health. Any abbreviations or jargon in the record can be explained to you. You can ask for any information about yourself that you think is inaccurate or incomplete to be corrected or removed.

### **Reasons why you may not be able to see your records**

There are valid reasons for refusing you access to your own records. Here are some of the recognised ones:

- If information in the record could cause you harm
- If the record contains sensitive legal information, e.g. a pre-adoption report or a report to the Children's Panel

- If your record contains information about another person, e.g. a letter about a family member

Please return the completed application form to:

**Whitefriars Surgery Red Practice  
Whitefriars Street  
Perth  
PH1 1PP**

**If you do not agree with the decision**

If you disagree with any decision regarding access to your health records you can ask the health professional involved to explain how the decision was made and what information was used. If you wish further information regarding the decision please contact:

For treatment carried out at Ninewells Hospital, Dundee dental Hospital, Perth Royal Infirmary and Stracathro Hospital:-

**Mr Mike Lyall  
Medical Director  
Tayside University Hospitals  
Ninewells Hospital  
DUNDEE  
DD1 9SY**

For treatment carried out in a Community, Long Stay or Psychiatric /Mental Illness Hospital or Community Clinic/Health Centre:-

**Dr Bill Mutch  
Medical Director  
Tayside Primary Care  
Trust Headquarters  
Ashludie Hospital  
MONIFIETH  
DD5 4HQ**

For GP information:-

**Dr H Leadbitter  
Director of Primary care  
Tayside Primary Care  
Trust Headquarters  
Ashludie Hospital  
MONIFIETH  
DD5 4HQ**

# Application Form

## Access To Your Health Records

### PATIENT DETAILS

Surname: .....

Forename(s): .....

D.O.B. ....

Address: .....

.....

Post Code: .....

Telephone Number: .....

Community Health Index No. (if known) .....

Name of GP, Clinician,  
Nurse, Consultant: .....

### RECORD DETAILS

Details of the record to be accessed (please be specific). Treatment for: .....

.....

.....

.....

During the period

From ..... To .....

### DETAILS OF APPLICANT (complete if you are applying to see a record on behalf of someone else)

Surname: .....

Forename(s): .....

D.O.B. ....

Address: .....

.....

Post Code: .....

Telephone Number: .....

Relationship to patient: .....

## Applicant's Declaration

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to overleaf under the terms of the Data Protection Act 1998 and access to Health Records Act 1990.

### Please tick the appropriate boxes

- I am applying to see my own record
- I have been asked to act by the patient and attach the patients written authorisation
- I and the deceased patients personal representative and attach confirmation of my appointment by a court to manage the patients affairs

I am the parent/guardian and the patient:

- Is under 16\*
- Is incapable of understanding the request

**Date:** ..... **Signature:** .....

\* If child understands the request he/she can refuse access

## Counter Signature

(To be completed by the person required to confirm the applicants identity)

I (insert full name in block capitals) .....

Certify that the applicant (insert name).....

Has been known to me as a (insert in what capacity e.g. employee, client, patient

etc.) ..... for ..... years and that I have witnessed the signing of the above declaration.

Signature: ..... Date .....

Address ..... Profession .....

Postcode ..... Telephone No .....

## Identification

You have a right to expect that the holders of your health records will maintain confidentiality and that they must be satisfied that any person who makes an application is entitled to have access. You may be asked for identification such as birth certificate, passport, driving licence, etc. Enquiries to verify your identity may also be necessary.