

A Guide for Service Users

This leaflet explains how you can apply to Hertfordshire Partnership University NHS Foundation Trust to have access to your mental health or learning disability records.

To obtain your GP records you will need to speak with a member of staff at your GP surgery.

Your rights

The Data Protection Act 2018 gives you the right to apply for all of your health records, both written and computerised with one application.

Access to a deceased person's health records is governed by the Access to Health Records Act (1990) and there is a separate application form to be completed for this process.

What is a Health Record?

These are records which have:

- Information relating to the physical or mental health or condition of an individual and
- Has been made by or on behalf of a health professional in connection with the care of that individual.

All health records can be accessed whenever the record was made.

Are there any restrictions on access?

Yes, sometimes access may be denied if giving the information to the service user would be:

- Likely to cause serious harm to his/her or any other person's physical or mental health or condition.
- If access would identify someone else not involved in the service user's care

There are ways that you can challenge such denial of access.

Can other people see my records?

Professionals involved in your care need to see and add to your records. In addition, a person who is acting for you and who you have given consent, may request access to your records. In this case, we will need your signed authorisation to show that you have given permission for another person to act on your behalf.

How do I request access to my records?

You (or your representative) will need to provide two forms of identification which should be a copy of:

- Passport photograph page or
- Driving licence with photograph and
- Recent utility bill

The application form, along with copies of your identification, should be sent to:

- **Information Rights and Compliance Team**
Hertfordshire Partnership University NHS Foundation Trust,
99 Waverley Road, St Albans, AL3 5TL
Telephone: 01727 804956
Email: hpft.informationrights@nhs.net

We will write to you to confirm that we have received your application. It is important that you give as much information as possible about the records you want, so that your application is not delayed. When we are sure we have all the information needed to process your request, we will respond to you within 1 month, please be aware that your information will be read by a member of our team to check and redact any third party information.

Is there a charge for access?

There are no charges for accessing your record.

Mistakes or inaccuracies

If you feel that there are mistakes or inaccuracies in the record you can ask the record holder for a note to be made in the records stating your opinion. It should be understood that in law nothing can be erased from a health record but a correction may be added and a copy given to you.

What can I do if I am not satisfied?

If you have a complaint about the accuracy of the information which you are shown, or you think that part of the records is being unnecessarily withheld, you can discuss this with your care coordinator/key worker, or if you prefer you can write to the Information Rights and Compliance Team.

Application Form

How to Apply for your Health Records

In confidence

Please complete all sections of this form in BLOCK CAPITALS and black ink. (To obtain your GP records you will need to speak with member of staff at your GP surgery).

Service user's details

Surname:

Forename(s):

Date of birth:

Sex:

Current address:

Post code:

Telephone no:

If the name of the person and /or address was different for the period(s) to which the application relates, please give details below:

Previous Address:

Previous surname:

Applicable dates at this address:

Please provide as much information as possible to enable us to locate the relevant records. (Tick appropriate box)

I would like to receive all of my health records held by Hertfordshire Partnership University NHS Foundation Trust, information held will be issued on CD and will be sent using postal services.

Or

I only wish to access information relating to a specific aspect of my care. (Give full details of the period of care that you are interested below).

Details of service/team attended

Service/team attended	Date(s) attended	Consultant/ professional seen

Please advise if you require any other personal information (about you) that the Trust may also hold and isn't part of your health record e.g. complaints file. We will pass this part of your request onto the relevant department to be dealt with:

Please tick the appropriate box

	Yes	No
I am the service user	<input type="checkbox"/>	<input type="checkbox"/>
I am acting on the service user's behalf (authorisation below must be completed)	<input type="checkbox"/>	<input type="checkbox"/>
I am acting in loco parentis and the service user is under age 16 and is incapable of making the request	<input type="checkbox"/>	<input type="checkbox"/>
I am acting in loco parentis and the service user is age between 13 and 16 and has consented to my making this request (authorisation below must be completed):	<input type="checkbox"/>	<input type="checkbox"/>
I have been appointed by the court to manage the service user's affairs (Please provide evidence of your appointment i.e. registered Lasting Power of Attorney).	<input type="checkbox"/>	<input type="checkbox"/>

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 referred to under the terms of the Data Protection Act 2018.

Full name of applicant:

Signature of applicant:

Address for reply:

Proof of identification must be included with your application in the form of photo identification, either: (Tick appropriate box)

Copy of passport

Driving licence

Recent utility bill

If you do not have any of the above please contact 01727 804956

AUTHORISATION for someone to act on your behalf:

I, *(full name of service user)*

being the service user hereby authorise Hertfordshire Partnership University NHS Foundation Trust to release the personal data they may hold (listed overleaf) relating to me to the applicant (full name of applicant) as I have given them my consent to act on my behalf.

(Signature of Service user)

Date:

Further information

Please use the box below to provide any other relevant information that may help us to locate the information you require.

Hertfordshire Partnership University NHS Foundation Trust
works toward eliminating all forms of discrimination and
promoting equality of opportunity for all.

We are a smoke free Trust therefore smoking is not permitted
anywhere on our premises.

www.hpft.nhs.uk
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