**APPLICATION FOR ACCESS TO HEALTH RECORDS**

**(On behalf of the child by the Parent/Guardian)**

DATA PROTECTION ACT 2018 INCORPORATING UK GENERAL DATA PROTECTION REGULATIONS 2018

IN CONFIDENCE

**ID Must be provided before the request is processed.**

**Please read the guidance notes attached to this form prior to completing and return to the address below.**

Access to Health Records, Oak House, Milton Keynes University Hospital NHS Foundation Trust, Standing Way, Eaglestone, Milton Keynes, MK6 5LD

**Via email to**

Accesstohealthrecords@mkuh.nhs.uk

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former/MaidenName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHICH OF THE FOLLOWING DO YOU REQUIRE?**

**Medical Records: Yes No Accident & Emergency: Yes No**

**X-Rays/Scans/Images: Yes No Blood Test Results: Yes No**

**Image Request’s**

**Please state what form you would like your images and reports in:**

Disc Image Exchange Portal (images)

**(Please note Imaging Discs are compatible with Windows only. Image exchange portal is a secure service, however you will need to provide a mobile telephone number for the password to be sent to enable access to the file)**

Comments:

Date range of medical records required

FROM:- TO:-

 **How would you like to receive your records?**

Collect in Person Email Post

Please be aware printed records will be sent by recorded delivery and a signature is required when received.

**DECLARATION**

I declare that the information given in this form is correct, to the best of my knowledge, and that:

I am the parent/guardian of the person named overleaf.

**As proof of my identity and responsibility of the patient/child I attach a copy of my:**

Photo ID and Proof of Address (E.G Driving Licence/Passport & Utility Bill/ Bank

Statement)

**As proof of the patient/Childs Identity I attach a copy of their:**

* Birth Certificate

**And Proof of Address (Only one needed):**

* Recent Correspondence – no longer than 3 months old
* Letter from doctor/hospital
* Child Benefit book/letter

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WARNING**

**You are advised that the making of false or misleading statements to obtain access to personal information to which you are not entitled is a criminal offence**

* The Data Protection Act 2018 incorporating the UK General Data Protection Regulations (GDPR) gives individuals a right of access to the information that the Trust holds about them.
* Your rights of access are subject to the Trust’s right to withhold information which might cause serious harm or damage or might identify a third party.
* Individuals are entitled to have personal data rectified if it is inaccurate or incomplete. However, your medical records are a legal document, therefore unless the information within is inaccurate this will not be rectified. You are at liberty to add an amendment note to the file if you do not agree.
* Personal Data rectification requests are to be made in writing to the Information Governance Department.
* The trust will endeavour to deal with your request within a 21 days time limit (NHS best practice). However, by law we have one calendar month to respond.
* Complaints may be forwarded to the Trust’s Information Governance Manager at the address below. Alternatively, you can send your complaint directly to the Information Commissioner at Wycliffe House, Water Lane, Wilmslow, SK9 5AF.
* When you complete the attached Access to Health Records form, please note that you will be required to provide identification as stated on the form.

**Confidentiality**

The Trust takes positive action to maintain the confidentiality of its patients’ personal information. Holders of records are obliged by law to be satisfied that an applicant is

Please sign and return the application form with the relevant ID and documentation.

**Providing copies of Patient Health Records**

Free of charge

However, we may charge a ‘reasonable fee’ when a request is manifestly unfounded or excessive, particularly if it is repetitive.

We may also charge a reasonable fee to comply with requests for further copies of the same information.

The fee will be based on the administrative cost of providing the information.

**Insurance forms**

There is No Charge for officially stamping Insurance forms, however if a Consultant is requested to provide a statement, there may be a charge.