**Application for Nottingham CityCare Partnership Health Records**

**You do not have to use this form but some people find it useful as it allows them to structure their request**

Guidance notes - please keep these pages for your own reference

**Accessing your health records**

The UK General Data Protection Regulation / Data Protection Act 2018 gives you the right to access information that Nottingham CityCare Partnership (CityCare) holds about you. This is known as a subject access request. The Access to Health Records Act 1990 gives rights to some individuals to access records for deceased patients – please see ‘Who can apply to access records?’ below for details.

Your rights in relation to your health records are fully described in the NHS Constitution:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

You can find out more about how CityCare uses your health records on our website:

<https://www.nottinghamcitycare.nhs.uk/about-us/public-policies-and-statement/you-and-your-information>

Please note that we can only provide you with records relating to CityCare services, care and treatment. If you want access to GP or hospital or other provider records, please contact the organisations concerned for assistance.

**Who can apply to access health records?**

1. The patient.
2. Anyone who has the patient’s written permission, for example, a relative or legal representative.
3. A parent or guardian of a person under 16. If a child is over the age of 13 and is considered capable of making decisions about his/her medical treatment, the child’s permission must be provided before a person with parental responsibility can be given access.
4. A court appointed representative of someone who is unable to manage their own affairs.
5. Where the patient has died, the executor as named on the will or anyone having a claim resulting from the death may apply to see the records or part of them. We do still have a duty of confidentiality to people who have passed away and may not be able to disclose records if the patient asked for access to be restricted after their death.

**Can I see all of my health records?**

* A Health Care Professional can restrict access to information which may cause serious harm to your mental or physical health, or harm to someone else.
* Old records may have been destroyed in accordance with NHS-recommended policy on how long records should be kept. Please contact us for advice if the latest date that you or the patient received care was 10 or more years ago.
* Records which identify or relate to another person (“third party information”) may be redacted (obscured or removed from the patient’s record before access is granted).

**How can I apply to access my health records?**

If you would like copies of your records, your request can either be in writing or verbal and there will be no fee. Records will be sent to you by recorded delivery. You can write us a letter, use the application form (attached), ring us or just ask your care giver, whichever is easier for you. You will need to send supporting documentation, please see page 3 for full details.

If you are applying for access to records for another patient you will need to provide additional information, for example, their permission – please see pages 3 for full details.

**How much will it cost?**

There is no fee.

**What if I want a letter, report or statement based on information in my records, not copies of the records themselves?**

Please contact us for advice if you require any other information relating to your records, for example, letters to give to other public authorities or your workplace.

**What will happen after I apply?**

When we receive an application/request:

* We check that the person applying/making the request has authority to access the records.
* We ask the service to obtain copies of the records and approve for release. Wherever possible, your request will be passed to the person who provided your care.

We aim to make your records available to you within 1 calendar month of receiving your request. Records will be posted to you by recorded delivery.

**Can I apply by email?**

If you would like apply by email please email us at [NCP.CityCareIG@nhs.net](mailto:NCP.CityCareIG@nhs.net) Unfortunately we are unable to send health records by e-mail unless you have a fully secured e-mail account due to confidentiality, unless you specifically provide your authority to receive information by email and accept any associated risks.

**Who do I contact if I have any questions?**

If you have any questions you can contact the Access to Health Records team on Tel:

0300 131 0300 option 1 then option 4, or

Access to Records – Health & Care Point

Dragon Court

1 Woolsthorpe Close

Nottingham

NG8 3JP

Email: [NCP.CityCareIG@nhs.net](mailto:NCP.CityCareIG@nhs.net)

**HELP WITH COMPLETING THE APPLICATION FORM OR MAKING A VERBAL APPLICATION**

1. **Whose records are you applying for?** This person is the ‘subject’ of the request.

**2. What records are you applying for?** It helps us to find your records faster if you can provide as much information as possible about care provided and location(s) that treatment took place. Please do not worry if you can’t remember or only have limited detail, we will still be able to respond within the timeframe.

1. **Are these your own records?** No additional guidance.
2. **Declaration** -Supporting information required for access to records, please provide copies, not original documentation. If you do not have the required documents, please contact us for advice.

**I am applying for access to my own records**

* Proof of identity – copy of driving licence, passport or birth certificate AND a copy of a utility bill, mobile phone contract or mortgage account/residential property rental or purchase agreement.

**I am the patient’s parent. The patient is under 16 and is incapable of understanding the request.**

* Proof of your identity – copy of driving licence, passport or birth certificate AND a copy of a utility bill, mobile phone contract or mortgage account/residential property rental or purchase agreement.
* Proof of parental responsibility (normally a child’s birth certificate which names you as the parent).

**The patient has asked me to apply for their records, or is a child (over 13) who is capable of understanding this request (Fraser/Gillick competent)**

* Proof of identity – copy the patient’s driving licence, passport or birth certificate AND a copy of a utility bill, mobile phone contract or mortgage account/residential property rental or purchase agreement.
* Proof of your identity – copy of driving licence, passport or birth certificate AND a copy of a utility bill, mobile phone contract or mortgage account/residential property rental or purchase agreement.
* Written permission (consent) from the patient for you to access their records.
* Only if you are a parent applying for a child’s records, proof of parental responsibility (normally a child’s birth certificate).

**I have been appointed to manage the patient’s affairs**

* Proof of identity – copy the patient’s driving licence, passport or birth certificate AND a copy of a utility bill, mobile phone contract or mortgage account/residential property rental or purchase agreement.
* Documentary evidence of your authority to access the patient’s records i.e. Power of Attorney for Health and Welfare (please note that Power of Attorney for Property and Financial Affairs does not grant authority to access health records).
* Certificate of service or court order to act as a Litigation Friend
* Court order/other – please contact us for advice if you’re not sure.
* Proof of your identity – copy of driving licence, passport or birth certificate AND a copy of a utility bill, mobile phone contract or mortgage account/residential property rental or purchase agreement.

**I am the executor/administrator of the patient’s estate** or **I have a claim arising from the patient’s death.**

* Proof of your identity – copy of driving licence, passport or birth certificate AND a copy of a utility bill, mobile phone contract or mortgage account/residential property rental or purchase agreement.
* Documentary evidence that you are the executor or administrator of the estate (grant of probate or letter of administration / a copy of the Will), or:
* Documentary evidence that you have a claim arising from the patient’s death.

We recognise that it is not always possible to provide supporting documentation for access to the records of deceased patients. We will try to meet your needs whilst still respecting the patient’s confidentiality, please contact the Access to Records team for support, details above and below.

**Application From**

**1. Whose records are you applying for?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of patient:** |  | | |
| **Title:** |  | **Date of birth:** |  |
| **Address:** |  | | |
|  |  | | |
|  |  | **Postcode:** |  |
| **Telephone number:**  ***(in case we need to contact you about your request)*** |  | | |

**2. What records are you applying for?**

|  |  |
| --- | --- |
| **Please state the care service(s) or treatment provided**  For example, health visiting, physiotherapy, district nursing. |  |
| **Please give the approximate dates of the records you require**  For example, Jun 2012 to Dec 2014, or “everything after 1 Sept 2013”, or “all”. |  |
| **Where was the care given?**  Please give us the name of the health centre or other location that provided the care. |  |
| **If you know the name of the person/people who provided your care, please tell us**  Don’t worry if you can’t remember, we will still be able to find your records. |  |

**3. Are these your own records? YES / NO** (delete as applicable)

If the answer is ‘No’, please complete your details below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title and Full name:** |  | | |
| **Telephone number:**  ***(in case we need to contact you about your request)*** |  | | |
| **Address:** |  | | |
|  |  | | |
|  |  | | |
|  |  | **Postcode:** |  |

**4. Declaration: please tick one of the following.**

Please see notes on page 3 for documents that you will need to send with this application.

|  |  |
| --- | --- |
|  | I am applying for access to my own records |
|  | The patient has asked me to apply for their records, or is a child (over 13) who is capable of understanding this request. |
|  | I am the patient’s parent. The patient is under 16 and is incapable of understanding this request. |
|  | I have been appointed to manage the patient’s affairs (please delete as applicable):   * Power of Attorney for Health and Welfare * Certificate of appointment as Litigation Friend * Court order / Deputyship from the Court of Protection / other |
|  | I am the executor/administrator of the patient’s estate. |
|  | I have a claim arising from the patient’s death. |
|  | Other (please state): |

I declare that all 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 above under the terms of the General Data Protection Regulation and/or the Access to Health Records Act 1990.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of person applying for the records**: |  | **Date:** |  |
| **Print name:** |  | | |

Please be aware that making false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Please ensure that you have signed the form and included all documentation required, and then send the completed form and copies of documents to:

Access to Records – Health & Care Point

Dragon Court

1 Woolsthorpe Close

Nottingham

NG8 3JP

Tel: 0300 131 0300 option 1 then option 4

OR email to [NCP.CityCareIG@nhs.net](mailto:NCP.CityCareIG@nhs.net)

Your notes about your application: