

***Introduction:***

The Data Protection Act 1998 gives you the statutory right to access any of your health records, whether on paper or on computer. If you wish to learn more about your care you can discuss this with the health service staff during your consultation or treatment. You can ask to see your records at that time and our staff will do their best to accommodate your request, however this would not be a formal application under the Data Protection Act and they are not obliged to agree. If the staff are unable to meet your request at the time of asking, or if at any time in the future you would like to access your information you should submit a formal application on this form.

You can authorise someone else to make your application on your behalf (see note 4).

If you have parental responsibilities you may make an application to see your child's records (see note 4)

Under certain circumstances, as laid down in the Access to Health Records Act 1990, you may apply for limited access to a deceased person's medical records.

In very rare cases all or part of your records may be withheld, but this will be fully discussed with you should it happen.

As you will appreciate, health information is highly confidential and we must ensure that we only release this information to the person to whom it relates or to a person authorised to act on his/her behalf. You should study this form and the accompanying notes very carefully. Please complete the request form as fully and accurately as possible to enable us to locate your information.

***Fees Payable:***

A fee of £10 is charged for access to information that was added to more than 40 days before the date of the application, however no fee is charged if the patient's treatment is continuing or if the information has been updated in the 40 days preceding the application. If a photocopy of the records is requested an additional charge will be made to cover the photocopying and postage costs. The maximum amount charged will not exceed £50. Cheques or postal orders should be made payable to NHS Lothian and crossed A/C payee only.

***Timescale:***

NHS Lothian will deal with your request promptly and will respond within forty days of receipt of your accurately completed form and fee if applicable. If we encounter any difficulties in locating your information we will keep you informed of our progress.

***Complaints:***

If you wish to complain about the way in which your access request was handled, or indeed about any other matter, you should write to the Chief Executive NHS Lothian, Deaconess House, 148 Pleasance, Edinburgh EH8 9RS where it will be dealt with through the NHS complaints procedure.

## Notes for completion of the form:

**Patient Details Note 1:** Please ensure that this section is completed as fully and accurately as possible to enable us to trace the relevant information. This is particularly important if the patient's name and/or address has changed since the period to which the application refers.

**Note 2:** Please provide as much detail about attendances as you can. It will help us to find your information with the minimum of delay.

**Type of Records Requested Note 3:** The information we hold on patients is filed in the medical case record folder that health professionals work with. If you wish to see the original case records you will be invited to attend the hospital at a convenient time to view them in the company of a health professional or appropriate lay person. If you requested only a photocopy of the information and subsequently find you would like an explanation of the content please contact the Health Records Department. They will be happy to arrange an appointment with a health professional who can explain the meaning to you. Some information is held on computer – you are entitled to receive a copy of this information also.

**Declaration Note 4:** The person making the application must complete this section. If you are making the application on behalf of another person under category d) or e) NHS Lothian will usually require that person's authorisation at **section 5** of this form before we can release the information to you. If a Court has appointed you to manage the affairs of the patient, we will require evidence of this.

The parent or guardian of a child under 16 years of age may make an application, however if the child is capable of understanding the nature of the application his/her authorisation must be obtained at **section 5**. If the child can understand the nature of the application, he/she can make an application without their parents' consent or approval.

**Authorisation Note 5:** Because of the confidential nature of the records held by the Division we must obtain proof of your identity and your right to receive the information. To this end it is essential that your application is countersigned at **section 6** by any of the following: Member of Parliament, Justice of the Peace, Minister of Religion, a professionally qualified person e.g. doctor, lawyer, bank officer, civil servant or person of similar standing WHO HAS KNOWN YOU PERSONALLY. **A relative should not countersign.** In certain cases you may be asked to provide further documentary evidence of identity. The person who countersigns your application is only required to confirm your identity and witness you signing the declaration. There is no requirement for this person to either see the contents of the rest of the form or to give any assurance that the other particulars supplied are correct.

A leaflet providing more information, called 'Confidentiality – It's Your Right' is available from either of the contacts listed below or on the Internet by visiting [www.scotconsumer.org.uk/hris/leaflets/confid/lothian/confid.htm](http://www.scotconsumer.org.uk/hris/leaflets/confid/lothian/confid.htm)

A leaflet providing more information, called how to see your records is available from either of the contacts listed below or on the Internet by visiting [www.scotconsumer.org.uk/hris/leaflets/athr/lothian/howtosee.htm](http://www.scotconsumer.org.uk/hris/leaflets/athr/lothian/howtosee.htm)

## Key Contacts:

**For further information or to discuss your application please contact:**

**Mrs Jayne Leslie**  
**Legal Services**  
**Royal Infirmary of Edinburgh**  
**51 Little France Crescent**  
**Edinburgh, EH16 4SA**

**For more information about your rights under the Data Protection Act please contact:**

**Graham Ewing**  
**Data Protection Officer**  
**Royal Edinburgh Hospital**  
**Edinburgh, EH10 5HF**

**Return Address:**

**Please return the completed form, and fee if applicable, to Mrs Jayne Leslie at the address above.**

**NHS Lothian**  
**Access to Personal Information Request Form**



You are advised that making false or misleading statements in order to obtain access to personal health information to which you are not entitled is a criminal offence.

Access to health records is an important matter. The release of certain data may in certain circumstances cause distress. You may wish to consult an appropriate health professional before submitting your application.

**Section 1: Details of Person whose Information is Requested (see note 1)**

Surname:	Forename:	Date of Birth:
Address:		Male <input type="checkbox"/> or Female <input type="checkbox"/>
		Phone:
		Postcode:

If the name and/or address was different from the above during the periods to which your application relates, please give details:

Previous Surname:	Previous Surname:
Previous Address:	Previous Address:
Dates from/to:	Dates from/to:

**Section 2: Hospital or clinic contacts (see note 2)**

Please provide as much information as possible. Give full details of all treatment periods you are interested in.

NHS Premises	Ward, Clinic or Department	Consultant	Dates

**Section 3: Type of records requested (see note 3).** You may tick more than one box.

- I wish to view the original paper records
- I require a photocopy of the paper records
- I require a printout of any additional computerised records

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**Section 4: Applicant Details and Declaration (see note 4)**

I am applying for access to the information referred to overleaf under the terms of the Data Protection Act 1998 or the Access to Health Records Act 1990. I am entitled to receive the information on the grounds indicated below (tick appropriate box)

- a) I am the patient
- b) I have been appointed by the court to manage the affairs of the patient, and attach confirmation of my status
- c) I am the parent/guardian of the patient who is under 16 years old and is unable to understand the request
- d) I am the parent/guardian of the patient who is under 16 years old and who understands the request and has completed the authorisation (section 5)
- e) I am acting on behalf of the patient and the patient has completed the authorisation (section 5)
- f) I have a claim arising from the patient's death and attach confirmation of this claim

I declare that the information given by me is correct to the best of my knowledge.

Applicant's name:	
Address for information: (if different from overleaf)	
	Postcode:
Signature of applicant:	Date:

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**Section 5: Authorisation (to be completed by the patient if a representative is acting on his/her behalf)**

I hereby authorise NHS Lothian to release any personal information they may hold relating to me to ..... (enter your representative's name) to whom I have given consent to act on my behalf.

Signature of patient:	Date:
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**Section 6: Countersignature (see note 5)**

I (insert full name)..... certify that the applicant ..... has been known personally to me as (insert in what capacity e.g. employee, client etc.) ..... for ..... years and that I have witnessed the signing of the above declaration.

Signed:	Date:
Name:	Profession:
Address:	
Postcode:	Telephone: