**IN CONFIDENCE**

**Consent form**

**(Releasing Personal Information under the Data Protection Act 2018)**

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

Access to personal records is an important matter. The release of certain data may in certain

circumstances cause distress. You may wish to consult an appropriate professional before completing your application**. Please read the attached guidance notes before completing. Please note we deal with applications for HOSPITAL RECORDS only. If you require GP Records, you must apply directly to your GP practice.**

**Section 1 – Details of person whose information is being requested**

|  |  |  |
| --- | --- | --- |
| Surname: | Forename: | Date of Birth: |
| Address: | | Male Female |
|  | | Phone No: |
| Postcode: | | Mobile No: |
| Email Address: | |
| Additional Email Address (IEP): | |

If the name or address was different from above at the time of attendance at the hospital, please give details:

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

**Section 2 – Records Required (Please detail which NHS Premises you attended below)**

**Please detail which hospital/department you require**

|  |  |  |  |
| --- | --- | --- | --- |
| NHS Grampian Premises | Ward/Clinic/Department | Consultant | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 2 – Images Required (Please detail which NHS Premises you attended below)**

**Requesting imaging please detail the date range you are requesting. Please can you ensure you have provided a mobile phone number and email address in Section 1 to transfer your imaging through the Image Exchange Portal (IEP)**

|  |  |  |  |
| --- | --- | --- | --- |
| NHS Grampian Premises | Ward/Clinic/Department | Consultant | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3 – Declaration**

This section of the form must be signed in the presence of the person who countersigns your application.

**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 record referred to above under the terms of the Data Protection Act 2018.**

I am the patient

I am the patient’s personal representative (please provide proof of authority)

I have been asked to act by the patient who has completed the authorisation section.(Section 5)

I am the parent/guardian of a patient is under 16 years old who has completed the authorisation section (Section 5)

I am the parent/guardian of a patient is under 16 years old who is unable to understand the request.

**Section 4 - Applicant details**

|  |  |
| --- | --- |
| Applicants Name (Please Print): | |
| Address to which reply should be sent (if different from over) Inc Postcode: | |
| Signature of Applicant: | Date: |

**Section 5 - Authorisation**

I hereby authorise NHS Grampian to release the Personal Data requested relating to me to

(Enter the name of the person acting on your behalf)

Address

Contact telephone number

to whom I have given consent to act on my behalf.

Signature of Patient Date

**Section 6 - Countersignature** (see Notes – Section 6)

I certify that I am [Name] Of [Address]

Telephone Number

Profession

and that I have known the applicant named above for years and have witnessed the applicant sign this form.

Signed Date

**If you are unable to have your form countersigned please provide identification –**

**see notes in Section 7**

**I have attached:**

**Photocopies of ID (if required as per guidance notes section 7) Proof of Authority (if required under section 3)**

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICIAL USE ONLY** | | | |
| CRN/CHI Number |  |  |  |
| Countersignature Checked |  |  |  |
| ID checked |  |  |  |

**IN CONFIDENCE**

**DATA PROTECTION ACT 2018**

**REQUEST FOR ACCESS TO PATIENT INFORMATION NOTES TO ASSIST IN THE COMPLETION OF THE FORM**

We apologise for any inconvenience in asking you to complete this form relating to your recent request for access to personal information. However, you will appreciate that health data relating to any individual is highly confidential and NHS Grampian must ensure that it releases such data only to the person to whom it relates, or to a person authorised to act on his/her behalf. You should study these notes very carefully and refer to them as appropriate when completing the Request Form. Please complete the Request Form as fully and accurately as possible to enable us to locate your data.

The Data Protection Act 2018 gives you the statutory right of access to any information, manual (paper) or computerised. You may wish to authorise someone else to make your application on your behalf. If you have parental responsibilities you may make an application to see your child's notes (see section 6 of guidance).

**This process is for personal information only and does not relate to any additional requests for pathology blocks and slides which are not classed as data that can be released under the SAR process. Please contact our team for further information if this is required.**

If you wish to learn more about your care, you can discuss this with health service staff during your consultation or treatment, and you can ask to see your records at that time. This does not constitute a formal application under the Act and a member of staff is not obliged to agree to your request at this stage. If the member of staff is not able to agree to your request to see your record at this stage or, if at any time you decide you want access to your medical records, you should submit a formal application on this form.

**Radiology**

NHS Grampian uses the Image Exchange Portal (IEP) which is an application to allow us to securely collaborate and transfer your imaging electronically. You will receive an e-mail to the email address given to us for initiating the transfer of your imaging. This will immediately send a passcode to your mobile phone number or alternative email address. (This code is for one time only. Every time you click on the link, you will receive a new code.) You must **download** all required images, as they will expire after **14 days**. If you wish to receive your imaging by disc and not by the IEP system, please advise this in the **Section 2** of the form.

**Timescale**

NHS Grampian will deal with your request as quickly as possible, however the information will be sent to you within 30 calendar days of receipt of your accurately completed form. If we encounter any difficulties in locating your data we will keep you informed on our progress.

**Complaints**

If you wish to complain about any aspect of the manner in which your access request was handled, in the first instance you should submit your complaint in writing to: The Information Governance Team, NHS Grampian, Rosehill House, Cornhill Road, AB25 2ZG or email us at [gram.infogovernance@nhs.scot.](mailto:gram.infogovernance@nhs.scot) If you are still not satisfied with the response you receive you may refer your complaint to the Court of Session, Sheriff Court or Data Protection Commissioner.

Please be advised you have the right to raise a concern with the Information Commissioner Office (ICO)

who can be contacted at:

The Information Commissioner's Office

Wycliffe House, Water Lane, Wilmslow,

SK9 5AF

Email: [casework@ico.org.uk](mailto:casework@ico.org.uk)

Telephone: 0303 123 1113

**Health Professional**

An appropriate health professional may include, your General Practitioner (GP), Hospital Doctor, Nurse, Midwife or Health Visitor, Dentist, Optician, Pharmacist, Clinical Psychologist, Community Psychiatric Nurse, Occupational Therapist, Dietician, Physiotherapist, Podiatrist or Speech and Language Therapist.

**Section 1: Patient details**

Please ensure that this section is completed as fully and accurately as possible to enable us to trace all the data relating to you. This is particularly important if your name and/or address has changed since the period to which your application refers.

**Section 2: NHSG Contacts**

Please complete as much of this section on your treatments as you can. This will help us to find your details with the minimum of delay. While you are entitled under The Data Protection Act 2018 to receive all the information we hold about you, you may wish only to receive information relating to one or more specific records. If this is the case please specify in the Additional Information box provided or discuss with the person giving access.

Photocopies of the requested records will be sent out to you within the allocated timescales specified by the Act by recorded delivery. If you received physiotherapy, please detail the name of the clinic/department/health centre and/or the name of the physiotherapist.

**Section 3: Declaration**

This section must be completed by the person making the application:

a) If you are the patient go straight to Section 4

b) If you are completing this application on behalf of another person, in most instances, the Board will require their authorisation before we can release the data to you. The person whose information is being requested should be asked to complete the 'Authorisation' section of the form. (Section 5)

c) If the patient is a child i.e. under 16 years of age the application may be made by someone with parental responsibilities, in most cases this means a parent or guardian. If the child is capable of understanding the nature of the application his/her consent should be obtained or alternatively the child may submit an application on their own behalf. Generally children will be presumed to understand the nature of the application if aged between 12 and 16. All cases will be considered individually.

**Section 4: Applicant**

To be completed by the individual making the request.

**Section 5: Authorisation**

Where a third party is applying on behalf of the patient, the patient must complete this section authorising

NHS Grampian to release information to the named applicant.

**Section 6: Countersignature**

Because of the confidential nature of data held by Health Trusts it is essential for us to obtain proof of your identity and your right to receive any relevant data. For this purpose it is essential that your application should be countersigned by any one of the following: a Member of Parliament, Justice of the Peace, Minister of Religion, a professionally qualified person (for example, Doctor, Lawyer, Engineer, Teacher), Bank Officer, Established Civil Servant, Police Officer or a person of similar standing WHO HAS KNOWN YOU PERSONALLY. **A relative should not countersign.** The responsibility of the Trusts Data Protection Officer includes a check to confirm that the countersignature is genuine. In certain cases you may be asked to produce 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.

Your countersignatory **should:**

Your countersignatory **should not:**

• have known you for at least two years

• live in the UK

• be related to you by birth or marriage

• be in a personal relationship with you

• live at the same address as you

Your countersignatory should be a professional person or a person of good standing in the community. The list that follows gives examples of the type of person who would be suitable;

Accountant; bank or building society official; barrister or solicitor; councilor; justice of the peace; member of parliament; minister of a recognised religion; armed forces officer; police officer.

**Section 7: Proof of Identity**

If no countersignature is available, two forms of identity must be provided (one of which must be photographic

(**clear photocopies**), this is to ensure no information is released to unauthorised individuals. The table below outlines the proof of identity required.

|  |  |
| --- | --- |
| **Type of application** | **Type of identification requirements** |
| Individual applying for their own records. | We require two separate forms of identification (these can be  **photocopies**) – one of which **must** show your signature such as, a passport or driving licence.  The second form identification must show your current address, and be dated within last 6 months. Examples include, NHS medical card, utility bill, landline telephone bill, local authority council tax bill, bank statement  – with all transactions ‘blacked out’, showing your name and address. |
| Application from a representative on behalf of an individual. | We require two forms of identification from the representative and two forms of identification from the patient. The identification from both parties must show the signature of the individual and the current address which should be dated within the last 6 months. Please see above for examples of accepted identification. |
| Application from a person with parental  responsibility applying on behalf of their child. | Child’s full birth certificate which shows the names of the parents, we  also require two forms of identification (one to show the signature of the applicant such as a passport or drivers licence and one to show the address of the parent which should be dated within the last 6 months) The identification supplied should be for the individual who has parental responsibilities. Please see above for accepted forms of identification. |

**Completed forms should be returned to:**

NHS Grampian

Information Governance Team

Rosehill House Foresterhill Site Cornhill Road Aberdeen

AB25 2ZG

**For enquiries or assistance, contact**

**Information Governance via**

Email: [gram.infogovernance@nhs.scot](mailto:gram.infogovernance@nhs.scot) or call:

01224 551549