**Application for Nottingham CityCare Partnership health records**

Please see pages 3-4 for information about accessing health records and pages 5-6 for help to complete this form. Please contact us (details on pages 2 and 5) if you have any questions.

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

|  |  |
| --- | --- |
| **Full name of patient:** |  |
| **Title:** |  | **Date of birth:** |  |
| **Address:** |  |
|  |  |
|  |  | **Postcode:** |  |

**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 or 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:** |  |
| **Address:** |  |
|  |  |
|  |  | **Postcode:** |  |

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

Please see notes on page 5 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 (under 16) who is capable of understanding this request. |
|  | I am the patient’s parent. The patient is under 16 and is incapable of understanding the 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 / other
 |
|  | I am the executor/administrator of the patient’s estate. |
|  | I have a claim arising from the patient’s death. |

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 Data Protection Act 1998 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, then send the completed form and copies of documents to:

Access to Records – Health & Care Point

Suite 6 Second Floor, Aspect House

Aspect Business Park

Bennerley Road

Bulwell

Nottingham

NG6 8WR

Tel: 0300 300 3333 Option 5

**Application for Nottingham CityCare Partnership health records**

**Guidance notes - please keep these pages for your own reference**

**Accessing your health records**

The Data Protection Act 1998 gives you the right to access information that Nottingham 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 (you can find it online here: <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>) and the Care Record Guarantee, available here: <http://systems.hscic.gov.uk/rasmartcards/documents/crg.pdf>.

You can find out more about how CityCare uses your health records on our website: <http://www.nottinghamcitycare.nhs.uk/stakeholders/governance/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 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 years ago or more.
* records which identify or relate to another person (“third party information”) may be redacted (blacked out or removed from the patient’s record before access is granted).

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

If you would like to see your records, you can ask your health professional for an appointment to do this.

If you would like copies of your records, your request must be in writing and there is a fee. Records will be sent to you by recorded delivery. You can write us a letter, or use the application form, whichever is easier for you. You will need to send supporting documentation, please see pages 4-5 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 4-5 for full details.

**How much will it cost?**

The fee for copies of records from our electronic records system is £10.00. Copies of photographs, audio files or video files will incur additional charges, limited to the cost to us of making the copy, or £50, whichever is lowest. You do not have to send payment with your application, we can ask you for this later.

Please send cheques or postal orders payable to Nottingham CityCare Partnership. Please do not send cash.

**What if I want a letter or 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:

* We check that the person applying 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 40 days of receiving your fully completed. Records will be posted by recorded delivery.

**Can I apply by email and/or have my records emailed to me?**

Please be aware that although NHS email is secure, other emails are not, unless you register for the secure NHSMail service. If you would like apply by email and/or have your records emailed to you, please email us at NCP.CityCareIG@nhs.net for details.

**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 300 3333 Option 5

Access to Records – Health & Care Point

Suite 6 Second Floor, Aspect House

Aspect Business Park

Bennerley Road

Bulwell

Nottingham

NG6 8WR

Email: NCP.CityCareIG@nhs.net

**HELP WITH COMPLETING THE APPLICATION FORM ON PAGES 1-2**

**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 time limit.

**3. Are these your own records?** No additional guidance.

**4 Declaration:**

Supporting information required for access to records: please provide copies, not original documentation. If you do not have required documents please contact us for advice. Thank you.

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

* Proof of identity (copy of driving licence, passport or birth certificate)

**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).
* 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 (under 16) who is capable of understanding this request (Fraser/Gillick competent)**

* Proof of identity for the patient (copy of driving licence, passport or birth certificate).
* Proof of your identity (copy of driving licence, passport or birth certificate).
* 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**

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

**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).
* Documentary evidence that you are executor or administrator of the estate (grant of probate or letter of administration.

OR

* Documentary evidence that you have a claim arising from the patient’s death.

CityCare recognises that it is not always possible to provide supporting documentation for access to 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 to ask for support.

Your notes about your application: