

Applicants Declaration

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 health record above under the terms of the Data Protection Act and General Data Protection Regulations (GDPR).

Please tick the appropriate boxes

I am applying to see my own record	<input type="checkbox"/>
I have been asked by the patient and attach the patients written authorisation	<input type="checkbox"/>
I am the parent/guardian <i>and the patient</i> :	<input type="checkbox"/>
Is under 16*	<input type="checkbox"/>
Is capable of understanding the request	<input type="checkbox"/>
I am the deceased patients personal representative and attach confirmation of my appointment by a Court to manage the patients affair	<input type="checkbox"/>
Signature: Date:	

**if the child understands the request he/she can refuse access*

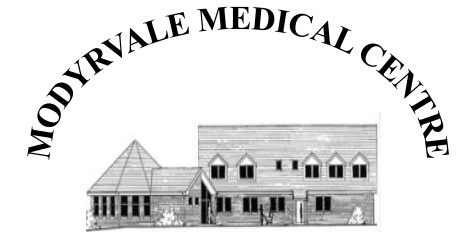
Identification

You have a right to expect that the holders of your health records will maintain confidentially and that they must be satisfied that any person who makes an application is entitled to have access. You may be asked for identification such as your birth certificate, passport, driving license etc. Enquiries to verify your identity may also be necessary.

Where to Return the Application Form?

Please return your completed form to the address below, or to the Health Professional holding your record.

Modyrvale Medical Centre
Toll Street
MOTHERWELL
ML1 2PJ



Keeping Our Patients Informed

If you do not agree with the decision?

If you disagree with any decision regarding access to your health records you can ask the Health Professional involved to explain how the decision was made and what information regarding the decision was used. If you wish further information regarding the decision please contact:

NHS Lanarkshire Headquarters
Kirklands
Fallside Road
Bothwell
G71 8BB



Access to Your Health Records

Access to Your Health Records

The Data Protection Act and General Data Protection Regulations (GDPR) gives you the right to see personal health information about yourself.

1. How do you apply?

You can ask the Health Professional who is involved in your care to see your health records. Applications should be made in writing to the Health Professional holding your record. An application form is attached.

2. Who can apply?

You can make your own application to see your records or you can authorise someone else to make the application and to look at them for you. You can apply to see the records of a person who has died if you have a claim arising from that person death. The holder of the record must be satisfied that this person has your authority.

3. How long does it take?

We will aim to provide you with the information requested as early as possible, and this should be no longer than one calendar month from receiving the request. If you have to supply further details, the period starts from when these have been received. If we need more than one month to complete the request we will notify you.

Access to Your Health Records

4. How much does it cost?

Access to your health records will be provided free of charge, including when you authorise access by a third party such as a solicitor. A reasonable fee can be charged if the request is manifestly unfounded or excessive.

5. What records can you see?

You can ask your Doctor, Dentist or any Health Professional who has been treating you to see the records they have just made about your health. Any abbreviations or jargon in the record can be explained to you. You can ask for information about yourself that you think is inaccurate or incomplete to be corrected or removed.

6. Reasons why you may not be able to see your records?

There are valid reasons for refusing you access to your own health records. Here are some of the recognised ones:

- If the information in the records could cause you harm
- If the records contains sensitive legal information, e.g. A pre-adoption report, or a report to the Children's Panel
- If your record contains information about another person, e.g. a letter about a family member

Application Form Access to Health Record

Patient Details	
Surname:	
Forename(s):	
Date of Birth:	
Address:	
Post Code:	
Email Address:	
Telephone Number:	
Name of GP, Nurse, Clinician or Consultant:	
Record Details	
What record do you wish access in respect of treatment:	
During the period: from:	to:
Details of Applicant (complete if you are applying to see a record on behalf of someone else)	
Surname:	
Forename(s):	
Date of Birth:	
Address:	
Post Code:	
Telephone Number:	
Relationship to patient:	