

PATIENT DATA – MAKING A SUBJECT ACCESS REQUEST

Introduction

The General Data Protection Regulation (GDPR) gives every patient (or their authorised representative) the right to apply for access to data or information held within their health record. To make a request to access information from your medical health record at the practice, you can apply to the Data Controller (the Practice) using the Data Subject Access Request form overleaf. (Please note that the practice does not have access to your hospital records or those of other service providers, although we will have any correspondence received from them).

Timescale & Costs

Once we have received your completed form, your request should be fulfilled within one month. In exceptional circumstances, where it is not possible to comply with your request within this period, you will be informed of any delay and given an anticipated timescale as to when the information will be made available.

Under GDPR you will not normally be charged a fee for obtaining copies of any information from your record. However, should your request be considered unfounded or excessive, the request may be refused or a fee could be incurred, based on the administrative cost of providing the information. We would of course advise you if this was the case. Please note your request would not be processed until any fee due was paid.

Exemptions

In some circumstances, the Data Controller is permitted by the regulations to withhold information held in your health record. These rare cases are:

- Where it has been judged that supplying you with the information is likely to cause serious harm to the physical or mental health or condition of you, or any other person, or;
- Where providing you with access would disclose information relating to or provided by a third person who had not consented to the disclosure. This exemption does not apply where that third person is a clinician involved in your care.

When making a request it would be helpful if a clear outline description of the time-periods and/or aspects of your health record that you require access to and why is provided. This will help us ensure that you receive the key information you actually require and it can help save time meaning we may be able to deal with your request in a shorter timescale.

Requests made via your authorised representatives

If you are using an authorised representative, you need to be aware that in doing so, they may gain access to all health records concerning you, which may not be relevant. Therefore, to protect your data we approach you directly for your consent and the reasons for disclosure of records. We will ask you to collect the record extract for us so that you can make an informed decision about what personal data you are prepared to release to your authorised representative. Please be advised that the Practice is not responsible for any postage costs.

Further Information

Detailed information about your rights in connection with data held within your medical record can be found in the Practice's Data Privacy Notice which is available on the practice website www.stjamesmedicalcentre.co.uk and in our waiting rooms.

Please see request form on the next page

PATIENT DATA SUBJECT ACCESS REQUEST FORM

By completing this form, you are making a request under the General Data Protection Regulation (GDPR) for information held about you by the practice that you are eligible to receive.

Name:	Date of birth:
Telephone:	Email:
Address:	
Outline the purpose for your request:	
Required information (and any relevant dates): <i>[Examples : Discharge letters from "Service A" between 1 May 2017 and 6 September 2017 or full medical record between dates A and B]</i>	
<p>By signing below, you indicate that you are the individual named above. The practice cannot accept requests regarding your personal data from anyone else, including family members. We may need to contact you for further identifying information before responding to your request. You warrant that you are the individual named and will fully indemnify us for all losses, cost and expenses if you are not.</p> <p>Please return this form to Admin Office, St James Medical Centre , Coal Orchard , Taunton, TA1 1JP</p> <p>Please allow 30 days for a reply.</p>	
Data Subject's Signature:	Date:
<p>FOR OFFICE USE:</p> <p>KNOWN TO TEAM MEMBER: YES / NO</p> <p>DETAILS OF PROOF OF ID PROVIDED IF NOT KNOWN TO TEAM MEMBER:</p>	