

Patient information

How to Access Your Paper or Electronic Health Record (or a Deceased Person's Health Record)

Trust wide information Royal Liverpool Hospital Sites

Introduction

This leaflet explains about to apply for copies of your health record, which may be held in either paper or electronic format, or for someone to apply for your health record on your behalf. This is referred to as a subject access request, under the General Data Protection Regulations, (with you as the subject). This is detailed under Section 1 of this document.

It also includes an application form to apply for the health records. There is no charge associated with receiving copies of your health record.

In addition, details of how to apply for copies of health records for someone who has unfortunately died, and the requestor is entitled to receive such records is detailed in this document. This request would be dealt with under the Access to Health Records Act 1990. This is detailed under Section 2 of this document.

If you wanted to get some general business information from the Trust, you would not apply under this system, (because this is all about personal information), but rather under the Freedom of Information Act 2000. You can email your enquiry to foi@rlbuht.nhs.uk

Section 1 - Request for personal information under the General Data Protection Regulations (2018)

Applying for your health records yourself

An individual's access to their patient health records is covered by this regulation, so you can apply to view or get copies of your paper or electronic health records.

You will need to complete an application form and should expect to receive your records within 30 calendar days of the date of your application. In some instances when the request for information is large or if you are attending the hospital during the 30 day period we may take longer than 30 Calendar days however you will be informed of any delays relating to your request

We will locate your health records, approach the relevant health professional for authority to release your records, create copies of your records, confirm your identity and release the records to you in the most convenient way for you. The Trusts standard format is via digital CD rom however if you wish for your notes to be provided in an alternative format please inform the subject access team on **Tel: 0151 706 2681/3232**

Textphone Number: 18001 0151 706 2681/3232.

Someone else (a third party) applying for your records on behalf of you

If you would like someone else to apply for your records, you will need to sign the part of our application form which details your consent for them to apply and see your health records. If they are an official business contact (like a Solicitor), they will have a form for you to sign, and they will send it to us as part of their application.

Types of health records

We currently hold mostly digital health records, and if you have been attending for a long time then your paper records will have been transferred to an electronic format. However we do still hold patient information in paper formats for patients that have not had an attendance for a long period of time, Paper notes will be made digital as part of your subject access request and provided on CD-ROM unless otherwise stated

Since the introduction for the General Data Protection Regulations (GDPR) there will be no charges associated with the release of your health record(s)

Next steps

Once we have received your application form, and indemnity (if appropriate), we will locate your health records, send them to the clinician who was treating you for their consent and then provide a copy to you or your representative.

What we won't include in your health record

Your health record will not include some routine monitoring documents such as:

- Pathology reports.
- Blood reports.
- Any parts of your health records which identify a third party (person).
- Any parts of your health records which the treating clinician deems to be detrimental to your health.

Release of health records

Copies of your health records will be posted to you via password protected CD-ROM unless otherwise requested. (Password provided separately) If you wish to collect copies of your health records in person this can be arranged by contacting our Subject Access team on **Tel: 0151 706 2681/3232 Textphone number: 18001 0151 706 2681/3232** identification will be required before notes are hand delivered such as:

- Passport.
- Driving licence.
- Birth certificate.
- Bus pass.

Section 2 - Request for health records of a deceased person under the Access to Health Records Act 1990

Applying for a deceased person's health records

The right of access for someone to receive copies of health records of a deceased person can only be the patient's personal representative, or any person who may have a claim arising out of the patient's death.

Types of health records

We currently hold mostly electronic health records, but if the person whose health records you are requesting has not had an attendance to the hospital for a long time these may still be in paper format and will be transferred to an electronic format and provided via digital CD-ROM unless otherwise requested. There are no charges associated with the release of the health record

Next steps

Once we have received the application form and confirmed your right of access, we will locate the health records, send them to the clinician who was providing treatment for their consent and then provide a copy to you or a representative.

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What we won't include in the requested health record

The health record will not include some routine monitoring documents such as:

- Pathology reports.
- Blood reports.
- Any parts of the health record which identify a third party (person).
- Any recorded requests or wishes made by the deceased person to not release some or all of their health record.

Release of health records

Copies of health records will be sent in the posted via password protected CD-ROM unless otherwise requested. (Password provided separately) If you wish to collect copies of your health records in person this can be arranged by contacting our Subject Access team on **Tel: 0151 706 2681/ 3232 Textphone Number 18001 0151 706 2681/3232** identification will be required before notes are hand delivered such as:

- Passport.
- Driving licence.
- Birth certificate.
- Bus pass.

Further information

The Access to Information Team is based near the Royal Liverpool and Broadgreen NHS Trust but provide advice and guidance for the sites associated with the Royal, Broadgreen and Dental Hospitals.

We can be contacted by telephone:

Tel 0151 706 2681/3232

Textphone Number: 18001 0151 706 2681/3232

Monday to Friday 830am to 5pm (except bank holidays) or by email on Accesstoinformation@rlbuht.nhs.uk

The Information Commissioner is the watchdog for any information and data protection issues and enforces the General Data Protection Regulations and the Freedom of Information Act 2000.

For more information visit:

www.informationcommissioner.org.uk.

Author: Information Governance

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوه‌نیدار بهو نه‌خوشانه‌ی له‌لایمن تراسته‌وه په‌سهند کراون، نه‌گمر داوا بکرنیت له‌فورماته‌کانی تردا بریتی له زمانه‌کانی تر، نیزی رید (هاسان خویندنه‌وه)، چاپی گه‌وره، شریتی ده‌نگ، هیللی موون و نه‌لیکترۆنیکی هه‌یه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.

Use this form to Access Records for a living individual under the

Data Protection Act 2018

Not To Be Used For an Access to Health Records Act 1990, Or Freedom of Information Act 2000 Requests

If you have completed this in paper format, please send back to the Access to Information Dept., Ground floor, RLBUHT, Prescot Street, Liverpool L7 8XP. If you have completed this electronically please use the link via the internet.

**If you need to contact our department please email
AccesstoInformation@rlbuht.nhs.uk or call Tel: 0151 706 2681/3232
Textphone Number: 18001 0151 706 2681/3232
Monday to Friday 8.30am till 5pm.**

Details of the person whose information is requested

*** indicates option needs to be made**

Title*	Mr/Mrs/Miss/Ms/Dr/Other	Surname	
Forename		Date of birth	
Address		Mobile number	
		Home Tel number	
		Previous surname	
Postcode		Previous address	
Request for*	Health records/X-rays/Other (please specify)		

Applicant's details (if different from above).

*** indicates option needs to be made.**

Title*	Mr/Mrs/Miss/Ms/Dr/Other	Surname	
Forename			
Relationship to patient*	Legal representative/Relative/Friend/Other (please specify)		
Address		Mobile number	
		Home Tel number	
Postcode			

Reason For Access (please tick).

- ☐ Complaint/claim against Hospital.
- ☐ Personal use.
- ☐ Other.

For Current or Previous Staff Requests Only

- ☐ I wish to view my human resources records at the Hospital only (complete point 3).
- ☐ I wish to receive copies of my human resources records (complete point 3).

1. Details of the health records you require.

	Start Date	End Date
Health Records Dated from		

Please provide full details of all the episodes of treatment in which you are interested in, and if you only wish to receive data relating to a special aspect of an episode, please specify below.

Please note records will only be supplied up to the date this application form is completed. If any further records are required in the future a **new application** will have to be submitted.

	Yes	No
Do you require copies of X-Rays (please tick box)		

2. Details of X-rays you require (Please note X-rays only available on CD Rom disk only).

	Start Date	End Date
X-Rays Dated from		

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For Current or Previous Staff Requests Only

3. Details of the human resources records you require.

	Start Date	End Date
Information Date from		

Please provide as much information as possible and give full details of any emails, HR records or personal information in which you are interested below:

Please tick box/s below:

- ☐ I am the patient.
- ☐ I am acting on behalf of the patient and they have completed the authorisation and declaration section below.
- ☐ I am acting on behalf of the patient who is unable to complete the authorisation and declaration section below.

For Current or Previous Staff Requests Only

- ☐ I am the employee.
- ☐ I am acting on behalf of the employee and they have completed the authorisation and declaration section below.

I enclose a **copy** of one the following forms of ID to support my application and to prove my identification:

- ☐ Passport
- ☐ Driving Licence
- ☐ Birth Certificate
- ☐ Bus Pass
- ☐ Other (please state).....

Signature:

Date:

Authorisation and Declaration

I authorise (Name) to receive my health records/X-ray records/human resources on my behalf. (Delete as appropriate).

I declare that the information provided above is correct to the best of my knowledge.

I enclose a **COPY** of one the following forms of ID to support my application and to prove my identification:

Please Do Not Send Original Documents in the Post

- ☐ Passport.
- ☐ Driving Licence.
- ☐ Birth Certificate.
- ☐ Bus Pass.
- ☐ Other (please state).....

Records collected in person			
Print Name		ID checked	
Signed		Date of collection	

Records sent in the post	
Date of despatch	

Use this form to Access Records for a deceased patient under the Access to Health Records Act 1990

Not To Be Used For General Data Protection Regulations, Or Freedom of Information Act 2000 Requests

If you have completed this in paper format, please send back to the Access to Information Dept., Patient Access Services, Alexandra Wing Broad Green Hospital L14 3LB. If you have completed this electronically please use the link via the internet.

If you need to contact our department please email AccessToInformation or call
Tel: 0151 706 2681/3232 Textphone Number: 18001 0151 706 2681/3232
Monday to Friday 8:30am till 5pm.

Details of the deceased person whose information is requested

*** indicates option needs to be made**

Title*	Mr/Mrs/Miss/Ms/Dr/Other	Surname	
Forename		Previous surname	
Address		Date of birth	
		Date of death	
Postcode		Previous address	
Request for*	Health records/X-rays/Other (please specify)		

Applicant's details

*** indicates option needs to be made**

Title*	Mr/Mrs/Miss/Ms/Dr/Other	Surname	
Forename			
Relationship to patient*	Next of kin/Legal representative/Friend/Other (please specify)		
Under what capacity is the request made?			
Address		Mobile number	
		Home Tel number	
Postcode			

Reason For Access (please tick)

- ☐ I am the deceased patient's next of kin or personal representative.
- ☐ Complaint against the Hospital.
- ☐ I have a claim arising from the patient's death and wish to access information.
- ☐ relevant to my claim.
- ☐ Personal use.
- ☐ Other.

Type of Request (please tick, may be more than one)

- ☐ I wish to view the health records of the deceased at the Hospital only (complete point 1).
- ☐ I wish to receive paper photocopies of the health records of the deceased (complete point 1).
- ☐ I wish to receive electronic copies of the X-rays of the deceased on CD rom (complete point 2).

1. Details of the deceased's health records you require

	Start Date	End Date
Health Records Dated from		

Please provide full details of all the episodes of treatment in which you are interested, and if you only wish to receive data relating to a special aspect of an episode, please specify below.

	Yes	No
Do you require copies of X-Rays (please tick box)		

2. Details of the deceased's X-rays you require (Please note X-rays only available on CD Rom disk only).

	Start Date	End Date
X-Rays/Scans Dated form		

I enclose a **copy** of one the following forms of ID to support my application and to prove my identification:

Please Do Not Send Original Documents in the Post

- ☐ Passport.
- ☐ Driving Licence.
- ☐ Birth Certificate.
- ☐ Bus Pass.
- ☐ Other (please state).....

Signature: **Date:**

For office use only

Records collected in person			
Print Name		ID checked	
Signed		Date of collection	

Records sent in the post	
Date of despatch	