

**PERSONAL ACCESS APPLICATION FORM (ADULTS)**  
**Data Protection Act 1998**

*Please return this form ASAP to: Health Records Dept, Darent Valley Hospital  
Darenth Wood Rd, Dartford, Kent, DA2 8DA*

*Please complete in block capitals*

<b>Patient's Full Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Contact Telephone No</b>	
<b>Hospital Unit No</b>	
<b>NHS No</b>	
<b>Previous Address</b>	
<b>Details of Records required and approximate dates</b>	
<b>Please indicate</b>	<input type="radio"/> I only wish to view the records <input type="radio"/> I require copies of the records

<b>Reason Access is Required</b>	
<b>Is litigation contemplated against this Trust</b>  <b>If so have solicitors been instructed</b>	YES / NO  YES / NO
<b>Declaration</b>	<p>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 Records referred to under the terms of the Data Protection Act 1998 (subject Access)</p> <p>Tick as appropriate</p> <ul style="list-style-type: none"> <li><input type="radio"/> I am the Patient.</li> <li><input type="radio"/> I have been duly authorised to act by the patient and attach their written authorisation.</li> <li><input type="radio"/> I am the Legal Guardian for the patient (documentation attached) who is incapable of understanding the nature of this request, which is required on the grounds that:</li> </ul> <p>Signed</p> <p>Date</p>
<b>Identification</b>	<p>In order to maintain confidentiality and to confirm your identity, before copies of the Health Records are released, please provide a copy of</p> <p>Tick as appropriate</p> <ul style="list-style-type: none"> <li><input type="radio"/> Driving Licence</li> <li><input type="radio"/> or Passport</li> <li><input type="radio"/> or Birth Certificate</li> <li><input type="radio"/> <u>plus a utility bill showing name and current address</u></li> </ul>

## **ACCESS TO HEALTH RECORDS (ADULTS)**

### **INFORMATION FOR PATIENTS**

#### **THE DATA PROTECTION ACT 1998**

The Data Protection Act 1998 gives every living person the right to apply for access to their Health Records.

- You are entitled to apply to view your records for free if created in the last 40 days, otherwise a fee is payable.
- If you are currently receiving treatment as an Out-Patient or In-Patient you may ask your Consultant to show you your records.
- If a permanent record is required charges will apply; the maximum fee payable cannot exceed £50.00. All requests for access to Health Records must be made in writing.

In order to maintain confidentiality and to confirm your identity you will be asked to provide a copy of one of the following: your driving licence, passport or birth certificate plus a copy of a current utility bill in order to verify your address. This is to safeguard against unauthorised and inappropriate access to your personal information.

On receipt of your completed application and our fee, your request will be processed. **We have forty days to comply.** Very occasionally it may not be possible to comply within this time frame, but you will be informed if this is the case. Please specify exactly the nature of the information you require in order to reduce your costs and enable us to process your request efficiently. If this is a request for copy of obstetric notes please indicate if CTG's copies are needed.

Under the Data Protection Act 1998 there are certain circumstances in which the record holder may withhold information.

- Access may be denied, or limited, where the information might cause serious harm to the physical or mental health or condition of the patient, or any other person,
- or where giving access would disclose information relating to or provided by a third person who had not consented to the disclosure.
- or when access would not be in accord with the best wishes of the patient

Once your application has been finalised the Health Records will be copied and sent out to you by recorded delivery.