



## Request for Access to Health Records Quick Guidance

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<b>Approved by (committee/group):</b>	Information Governance Committee	<b>Date Approved:</b>	29 <sup>th</sup> September 2023
<b>Scope/ Target Audience:</b> (Delete as applicable / describe)	All patients and employees		
<b>Evidence Base/ References:</b>	UK General Data Protection Regulation Data Protection Act 2018		
<b>Lead Division:</b>	Corporate		
<b>Lead Specialty:</b>	Information Governance		
<b>Lead Author:</b>	Jacqueline Widdowson, Head of Data Security & Privacy		
<b>Sponsor:</b>	Sally Brook Shanahan, Director of Corporate Affairs		
	<i>Name the documents here or record not applicable</i>		
Associated Policy	Data Protection, Confidentiality and Disclosure Policy		
Associated Procedure(s)	Data Protection, Confidentiality and Disclosure Procedure		
Associated Pathway(s)	None		
Associated Standard Operating Procedure(s)	None		
Other associated documents e.g. documentation/ forms	None		
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**This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact [sfh-tr.information.governance@nhs.net](mailto:sfh-tr.information.governance@nhs.net).**

## 1 INTRODUCTION/ BACKGROUND

This guidance has been produced as a quick reference guide for all staff to refer to when patients or other members of staff require access to information, we hold about them.

The right of access, commonly referred to as subject access, gives individuals the right to obtain a copy of their personal data, as well as other supplementary information. It helps individuals to understand how and why you are using their data, and check you are doing it lawfully.

It may also be requested to help the individual to understand episodes of care or to make a more formal complaint or claim.

## 2 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)

This guidance is aimed at supporting and directing staff on how to make a subject access request or when to release information for example at an outpatient's appointment.

### Related Trust Documents

- Information Security Policy
- Data Protection, Confidentiality and Disclosure Policy
- Data Protection, Confidentiality and Disclosure Procedure

## 3 ROLES AND RESPONSIBILITIES

All staff have a responsibility to direct a patient or staff member to the correct process.

## 4 GUIDELINE DETAILS

In all cases the following procedure **MUST** be followed for any request for access to health records.

Current patients verbally requesting information about a present medical condition are encouraged to access this information informally via the clinician or member of nursing staff dealing with their care. This can be dealt with locally on the wards or in outpatient clinics and is down to the discretion of the health professional that created the record or specific patient episode.

Details of the process and the information disclosed must be recorded in the patient health record. Such a verbal application is not a subject access request under the act. Care must be taken to ensure that the information is shared with the patient only, or with the patient's consent if it is to be shared with members of their family etc.

If the data subject has any discrepancies about the information disclosed, that cannot be resolved with the health professional that created the record, then a formal application must be made by them in writing via the Access to Health Records team.

All other formal requests for access to health records should be made in writing ([the attached form can be completed](#)<sup>1</sup>) to the Access to Health Records team at KMH or by contacting [sfh-tr.sar@nhs.net](mailto:sfh-tr.sar@nhs.net). This process will ensure that the patient has consented to the release of the information, as the requester is not always a patient.

Under no circumstances should health records be released without the patients consent unless discussed with the DPO (Data Protection Officer) or Caldicott Guardian. The DPO can be contacted at [jacquie.widdowson@nhs.net](mailto:jacquie.widdowson@nhs.net)

All requests for access to all other records, for example HR files should be forwarded to the Information Governance team in the first instance: [sfh-tr.information.governance@nhs.net](mailto:sfh-tr.information.governance@nhs.net)

Find out more in the Trust policies here: <https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/information-governance/>.

Further information can be found on the ICO website [link](#) and NHS England [link](#)

Alternatively contact the Information Governance Team on email [sfh-tr.information.governance@nhs.net](mailto:sfh-tr.information.governance@nhs.net)

## 5 EDUCATION AND TRAINING

### Training

Annual data security awareness level 1 (formally known as Information Governance) training is mandatory for all new starters as part of the induction process. In addition all existing staff must undertake data security awareness level 1 training on an annual basis. Staff can undertake this either [face-to-face](#)<sup>2</sup> or online. Provision is available online (or face to face for staff who do not have routine access to personal data) and includes Data Protection and confidentiality issues.

Data security awareness level 1 session meets the statutory and mandatory training requirements and learning outcomes for Information Governance in the UK Core Skills Training Framework (UK CSTF) as updated in May 2018 to include General Data Protection Regulations (GDPR).

Our Senior Information Risk Owner, Information Asset Owners and Information Asset Administrators must attend regular information risk awareness training which is available from the [Information Governance team](#).

<sup>1</sup> <https://www.sfh-tr.nhs.uk/media/6258/access-to-health-records-application-form-feb-22.pdf>

<sup>2</sup> <https://sfhcoursebooking.notts.nhs.uk/fulldetails.aspx?recid=195>(internal web link)

## Implementation

A copy of this policy and all related policies and procedures are provided to all staff and patients on the Trust's [website](#).<sup>3</sup>

## 6 MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring on SARS requests is conducted on a monthly basis and any complaints are overseen by the Head of Data Security and Privacy and Data Protection Officer. Complaints are reported to the Information Governance Committee via a bi-monthly report.

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<sup>3</sup> <https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/information-governance/>

**7 EQUALITY IMPACT ASSESSMENT** (please complete all sections of form)

- [Guidance on how to complete an Equality Impact Assessment](#)
- [Sample completed form](#)

Name of service/policy/procedure being reviewed: Request for Access to Health Records Quick Guidance			
New or existing service/policy/procedure: Existing			
Date of Assessment:23/08/2023			
<i>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</i>			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity:	None	No Applicable	None
Gender:	None	No Applicable	None
Age:	None	No Applicable	None
Religion:	None	No Applicable	None
Disability:	None	No Applicable	None
Sexuality:	None	No Applicable	None
Pregnancy and Maternity:	None	No Applicable	None
Gender Reassignment:	None	No Applicable	None
Marriage and Civil Partnership:	None	No Applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	None	No Applicable	None
What consultation with protected characteristic groups including patient groups have you carried out?			
<ul style="list-style-type: none"> <li>• None</li> </ul>			
What data or information did you use in support of this EqIA?			
<ul style="list-style-type: none"> <li>• None</li> </ul>			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints, or compliments?			

- No.

**Level of impact**

From the information provided above and following EqlA guidance document please indicate the perceived level of impact:

Low Level of Impact

Name of Responsible Person undertaking this assessment: Jacquie Widdowson, Head of Data Security and Privacy.

Signature:  
J Widdowson

Date:  
23/08/2023

## 8 APPENDICES

### Do's & Don'ts

#### Do

- Consider if the request can be dealt with locally on the ward or in outpatients' clinics.
- Record that a verbal application has been made and record this in the medical record.
- Advise the data subject that any discrepancies about information must be made in writing to the Access to Records Team
- Inform the data subject that all access to health records must be made in writing to the Access to Records Team.

#### Don't

- Release records if there is no patient consent or if a friend or relative asks to have a copy.
- Advise that there is a charge for the records, this was abolished under the 2018 legislative changes.
- Feel pressured into releasing the records to Police, relatives, or patients, if you are not comfortable in releasing the data, then you are usually probably right. Refer them to the Access to Records Team.