



Policy: Patient Access to Health Records Policy
Policy number: 4.1

Hospice in the Weald will ensure that patients are enabled to access health records held by the hospice, in line with the provisions of the Data Protection Act 1998. In the case of a deceased patient, the patient's next of kin, or authorised representative, is enabled to access health records under the provisions of the Access to Health Records Act 1990.

PROCEDURE

Receiving the Access Request

Checking the appropriate access request details

Any request for access to health records should be made in writing or electronically to the Hospice and forwarded to the Director of Nursing, who is the Data Protection Lead, with the patient's signature. In cases where consent can only be taken verbally, then the details of this consent should be recorded on the individual's file. Electronic requests should only be accepted with an electronic signature.

Once a subject access request is received, the consent of the applicant must be verified by ensuring:

- A signature from the patient to the release of their records.
- If a patient's representative i.e. solicitor, is applying for access, ensure
- The Hospice has the signature of the patient to do this.
- Full name -including previous names
- Full address -including previous address(es).
- Hospice Number and/or NHS Number (optional)

Check with the applicant if they require access to their entire health record and confirm what material the applicant requires before processing the request. This could decrease the cost of copying for the applicant and eliminate unnecessary work by staff.

However, this is optional, as an applicant does not have to give a reason for applying for access.

Fees to access and copy health records

A patient can be charged to view their health records or to be provided with a copy of them.

To provide **copies** of patient health records the Hospice charges £50.

To allow patients to **view** their health records (where no copy is required) the Hospice charges £10.

Logging and actioning the Access Request

Requests, once documentation is complete should be complied with within twenty one days.

Once the information is logged, the appropriate health professional should be consulted. This is normally the individual who is or was responsible for the clinical care of the patient during the period to which the application refers.

In cases where there is more than one health professional to approach, it is not necessarily appropriate to approach every health professional associated with the patient's care. In these circumstances the Medical Director who is the Caldicott Guardian can advise on whether to release other health professional's notes, contained within the Hospice records, about that patient.

Denying Access

Access should be denied if consent has not been obtained.

Records are not to be released to a patient if it is felt that by its release, it may cause serious physical or mental harm to the individual to whom the data refers, or another person.

The Release Stage

Once the relevant fee has been received then the Hospice can release to the patient or their representative copies or access to their health records. Original records MUST NOT leave the Hospice.

On the release of the records, where the information is not readily intelligible, an explanation (e.g. of abbreviations or medical terminology) must be given.

If it is agreed that the patient or their representative only wish to view their health records, this should be supervised by a health professional or a lay administrator. In these circumstances the lay administrator must not comment or advise on the content of the record and if the applicant raises enquiries, an appointment with a health professional should be offered.

Third Party Disclosure

Where records contain information that relates to an identifiable third party, that information may not be released **unless**:

1. The third party is a health professional who has compiled or contributed to the health records or who has been involved in the care of the patient.
2. The third party, who is not a health professional, gives their consent to the disclosure of that information.
3. It is reasonable to dispense with that third party's consent (taking into account duty of confidentiality owed to the other individual, any steps to seek his or her consent, whether he or she is capable of giving consent and whether consent has been expressly refused).

If consent has not been satisfied from details about a third party contained within the patient's health records, then information should still be disclosed without revealing the identity of the third party. This can be done by omitting names and identifying particulars from the records and care should be taken to ensure that the information if released is genuinely anonymous.

Amendments to Health Records

If a patient feels that information recorded on their health record is incorrect then they should firstly make an informal approach to the health professional concerned to discuss the situation in an attempt to have the records amended. If this avenue is unsuccessful then they may pursue a complaint under the Hospice complaints procedure in an attempt to have the information corrected or erased.

If the patient is still not satisfied it is good practice for data controllers to allow patients to include a statement within their record that they disagree with the content.

References:

National Care Standards Commission Core standard C31.5
Data Protection Act 1998
Access to Health Records Act 1990

Related Hospice Policies:

- 4.2 Health Records: Creation, Completion, Management, Storage and Destruction of Patient Records
- 12.1 Information Technology Policy 12.1
- 12.2 Data Protection Policy

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Issuing Authority:
