

Kingussie/Laggan Medical Practices

ACCESS TO HEALTH RECORDS APPLICATION FORM

I am applying for a copy of a patient's medical record in accordance with the Data Protection Act 1998, for which a pre-pay fee is required. Details of the fees payable are at the end of this form

DETAILS OF THE RECORD REQUIRED (the first 2 sections plus date of birth must match our data)

Surname (Family Name)	
First Name(s)	
Previous name(s)	
Date of Birth	
Patient Number (if known)	
Date of application	

Please specify what part(s) of the record is required

Record Type/ Medical History	Please use the space below to specify which part of the Health Record is required, i.e. records covering particular treatment or between given dates
<ul style="list-style-type: none">• Written Case Notes (time period, clinician, other reason)	<i>Written records are only kept for the period prior to computerisation. Most records are now on computer</i>
<ul style="list-style-type: none">• Computerised information	
<ul style="list-style-type: none">• Other data (please specify)	

Please tick the appropriate box	
I am applying for a copy of my own records	
I am a parent/guardian of a patient under 16 who has consented to this request	
I am the deceased persons representative and attach confirmation of this fact	
Acting of behalf of consenting person, attached authorisation	
Other Request - please give supporting information	
Fee enclosed, value of	

Print Name of Applicant		Signature of Applicant	
Address of Applicant			

Send the completed form to:

**Practice Manager, Kingussie/Laggan Medical Practices, Old Distillery Surgery,
Ardvonie Park, Kingussie PH21 1ET**

ACCESS TO HEALTH RECORDS INFORMATION LEAFLET

The 1998 Data Protection Act allows an individual the right to access their Health Records that includes: computerised, paper records in any format, archived material, or film

Medical case notes	Printout of all computer held records including: Outpatient Clinic appointments Inpatient stays
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Limited Access

The Act allows for limited access in certain cases

- Physical/Mental - if a clinician believes that the patient would be harmed by the access, the request may be refused in part or whole
- Third person involvement – where a third party has divulged information given in confidence to a clinician concerning the patient given on the basis that it would not be shared with the patient – these parts of the record will not be released

Time Period

The practice has 40 days to respond and provide the information

How to Gain Access

- Applications must be made in writing
- It is the responsibility of the applicant to provide enough information to enable the practice to identify your records.
- Solicitors and third party must provide evidence to show they are authorised to act on the patient's behalf

CHARGES RELATING TO THE PROVISION OF DUPLICATE PATIENT RECORDS THAT ARE REQUESTED UNDER THE DATA PROTECTION ACT

With effect from 1/1/11, the following charges will apply

Part or full copy of electronic held record	£10
Copies of records up to 20 pages	£10
Copies of records exceeding 20 pages	£50

All applications for records should be accompanied by the correct payment.

Cheques should be made payable to: Kingussie Medical Practice

In the event that insufficient funds accompany the request, requesters will be informed and given the opportunity to amend their request or supply the balance of the funds prior to the records being supplied

Charge	For:
£10	<p data-bbox="386 432 1182 464">This section refers only to paper based information:</p> <ul data-bbox="386 506 1308 653" style="list-style-type: none"><li data-bbox="386 506 1284 579">• Printouts of electronic information that does not exceed approximately 20 pages or<li data-bbox="386 583 1308 653">• Any part of a current set of medical records that does not exceed approximately 20 pages
£50	<ul data-bbox="386 693 1308 766" style="list-style-type: none"><li data-bbox="386 693 1308 766">• any other request for case notes or archived paper based information that exceeds 20 pages