**Somerford Grove Practice**

**Access to GP Health Records**

**In accordance with the UK General Data Protection Regulation (UK GDPR)**

**Section 1: Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Former name** |  |
| **Forename** |  | **Title** |  |
| **Date of birth** |  | **Address:** |  |
| **Telephone number** |  | **Postcode:** |  |
| **NHS number (if known)** |  | **Hospital number (if known)** |  |

**Section 2: Record requested**

Please tick the relevant boxes below. The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g., leg injury following a car accident)

*Tick only one box:*

|  |  |
| --- | --- |
| I am applying for access to **view** my records online | 🞏 |
| I am applying for an electronic copy of my medical record (Email)  | 🞏 |

**Please specify what information you are requesting:**

|  |  |
| --- | --- |
| I would like a copy of records between specific dates only (please give dates below)Dates:  | 🞏 |
| I would like a copy of records relating to a specific condition/specific incident only (please detail below)Details:  | 🞏 |
| I would like a copy of all my electronic records (held on computer) | 🞏 |
| I would like a copy of all my electronic and paper records since birth | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient signature** |  | **Date** |  |

Once the form is completed and submitted, you will receive a response within one calendar month from the date of submission.

We aim to fulfil the majority of SAR electronically. You may therefore be given access to download the requested information or have it sent to you by email.

If you need a paper copy of your records, please tick this box [ ]

Email your completed form to: nelondonicb.sgppatients@nhs.net

Alternatively, you can send your request via post to:

Medical Records Manager

Somerford Grove Practice

Somerford Grove

London

N16 7UA

If you wish to speak to someone about your request, please call 020 8049 2549 and ask to speak with the Reception Manager.

***For office use only***

Identification verification must be verified through 1 form of ID

* Passport or photo driving licence, ID card
* When this is not available, vouching by a member of staff or by confirmation of information in the records by one of the clinicians may be used

|  |  |  |  |
| --- | --- | --- | --- |
| Request received |  | Request refused |  |
| Patient identity verified by |  | Date |  |
| Records reviewed by |  | Request completed |  |
| Date access given / sent to patient |  |

ACCESSING YOUR MEDICAL RECORDS AT SOMERFORD GROVE PRACTICE – PATIENT LEAFLET

**Introduction**

In accordance with the General Data Protection Regulation, patients have the right to access their data and any supplementary information held by Somerford Grove Practice; this is commonly known as a subject access request (SAR).

Data subjects have a right to receive;

* Confirmation that their data is being processed
* Access to their personal data
* Access to any other supplementary information held about them

**Options for access**

As of April 2016, practices have been obliged to allow patients’ access to their health record online. This service will enable the patient to have full access to the information held in their health record. Prior to accessing this information, you will have to visit the practice and undertake an identity check and complete an online request form before being granted access to your records.

In addition, you can make a request to be provided with copies of your health record. To do so, you must submit a Subject Access Request (SAR) form. The form is available on the practice website and can be submitted electronically (cahccg.sgp-pda@nhs.net). Alternatively, a paper copy of the SAR is available from reception. You will need to return the completed paper copy to the practice. Patients do not have to pay a fee for copies of their records.

**Time frame**

Once the SAR form is submitted, patients are entitled to receive a response within the maximum given time frame of one calendar month from the date of submission of the SAR. We aim to fulfil the majority of SAR electronically. You may therefore be given access to download the requested information or have it to send to you by email.

If it is impossible for you to access electronic records, you will collect the printed records from the practice and we will let you know when they are ready for collection. You will be required to sign for the records and may be asked again to prove your identity.

**Exemptions**

There may be occasions when the data controller will withhold information kept in the health record, particularly if the disclosure of such information is likely to cause undue stress or harm to you or any other person.

**Data controller**

Should you have any questions relating to accessing your medical records, please ask to discuss this with the Practice Manager.