

# VENTURE

Health Group

<b>Policy Title</b>	<b>Request to Access Medical Records Policy</b>
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## Table of Contents

<b>INTRODUCTION .....</b>	<b>3</b>
<b>PATIENT POSTER.....</b>	<b>4</b>
<b>APPLICATION TO ACCESS MEDICAL RECORDS. ....</b>	<b>5</b>
APPLICATION FORM .....	6

## Introduction

Venture will liaise with the host provider, and work within their policy on allowing patients to access their medical records. It is very possible the records will encompass care under Venture, and care under the host Provider.

Venture holds no health records. Venture staff enter and access clinical information which is managed by the host provider. As such the application to access the records is considered by the host provider accepting that Venture may contribute to that process.

## Patient Poster

### **PATIENT POSTER**

#### **DATA PROTECTION ACT – PATIENT INFORMATION**

We need to hold personal information about you on our computer systems and occasionally in paper records to help us to look after your health needs. Your Venture clinician is responsible for their accuracy and safe keeping. Please help to keep your record up to date by informing Venture and the NHS organisation where your treatment has been delivered of any changes to your circumstances.

Doctors and staff have access to your medical records to enable them to do their jobs. From time to time, information may be shared with others involved in your care if it is necessary. Anyone with access to your record is properly trained in confidentiality issues and is governed by both a legal and contractual duty to keep your details private.

All information about you is held securely and appropriate safeguards are in place to prevent accidental loss.

In some circumstances we may be required by law to release your details to statutory or other official bodies, for example if a court order is presented, or in the case of public health issues. In other circumstances you may be required to give written consent before information is released – such as for medical reports for insurance, solicitors etc.

To ensure your privacy, we will not disclose information over the telephone or fax unless we are sure that we are talking to you. Information will not be disclosed to family, friends, or spouses unless we have prior written consent, and we do not leave messages with others.

**You have a right to see your records if you wish, and should ask how you can access your records**

## Application to access medical records.

**Please complete the below to submit a request to access your medical records.**

You may also need to apply to the NHS trust that may also be providing care for you

### **Venture Health Group                      Request to Access your Medical Records**

The General Data Protection Regulations and supporting Data Protection Act 2018 gives you the right (with some exceptions) to access the information we hold about you - including information held in Health Records or other systems.

Several details will be required in order to process the request including:  
Full name, address, date of birth and NHS Number (if known).

We will never disclose information to family or friends about medical matters, unless you specifically ask us to and provide your consent.

If you wish to receive copies of clinical letters sent to your GP, you can request a copy during your clinic appointment. This does not affect your rights to later obtain copies.

For information held by your own GP, please contact the Practice Manager directly.

To support you through the request process, we have prepared an application form, to ensure we receive the full details that we require to find and release your information.

## Application form

Personal Application for Access to Personal Health Records

Please complete this form in capital letters using black ink.

Please provide as much information as you can to help us deal with your request.

### **SECTION 1 Personal Details**

Surname..... First Name.....

DOB ..... Contact Number .....

Current address including postcode.....

.....

.....

If your name and/or address were different from the above during the period/s for which you are applying, please provide details:

Previous name/s with dates: 1..... 2.....

Previous address/s with dates:

1.....2.....

.....

Are you aware if you have previously been adopted: Yes / No

If so please provide us with any relevant information such as the date and your previous name:-

.....

.....

### **SECTION 2 Details of treatment for which you are applying for access**

Please provide as much information as possible including name of consultant and dates of treatment. Please state if you require copies of any X-Rays, test results or nursing documentation.

Date attended Hospital Ward or clinic

Consultant

Hospital Number (if known)

### **SECTION 3 Please indicate which hospitals you attended and require medical notes from:**

.....

### **SECTION 4 Declaration:**

I declare that I am the patient named in this application and that the information I have given in this form is correct to the best of my knowledge. I enclose the following evidence to confirm my identity\* \*Please do not send originals as these cannot be returned, copies only.

Signature..... Date.....

Full Name of Applicant (Block Capitals).....

Email Address.....

*Please note: Once your completed application has been received into the department with any required supporting Documentation, we will aim to process your request within one calendar month*