

# Access to Health Records

## Information and Application Form

Information Governance



The Patient Information Leaflets page on the Trust website is available on the link:  
<https://www.wvl.nhs.uk/patient-information-leaflets> or scan the QR code.

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Leaflet title: Access to Health Records  
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## Background

Access requests for health records can be made by patients wishing to view their own records, or by an individual acting on the authority of the patient (for example, by written authorisation exercising parental rights or court appointment).

The patient's personal representative or someone with a claim arising from the death of the patient can make applications for access to a deceased person's health records.

Applications for requests to health records should be made to the organisation holding the relevant records (named in this leaflet as the Record Holder). For example, this could be your hospital, general practitioner (GP) or private health care provider.

The application form for access to health records held by Wrightington, Wigan and Leigh NHS Foundation Trust is at the end of this leaflet.

This includes:

### **Royal Albert Edward Infirmary**

Leigh Infirmary  
Thomas Linacre Centre  
Wrightington Hospital  
Boston House

Please return either by post to:

### **Access to Health Records Department**

Knowsley House  
RAEI  
Wigan Lane Wigan  
WN1 2NN  
Tel: **01942 822541**

Or by E-mail to: [AccessToHealthRecords.RAEI@wwl.nhs.uk](mailto:AccessToHealthRecords.RAEI@wwl.nhs.uk)

## Rights

The Data Protection Act 2018 governs the request for the public to have access to their health records. This Act gives certain rights of access, but the Record Holder is entitled to withhold information considered to be detrimental to the physical or mental health of the patient or other person, or if it contains information given by a third party. The Record Holder does not have to disclose the fact that the information has been withheld.

You can ask for corrections to the records, and you are entitled to a copy of the correction, or, if the record is not corrected, you are entitled to a copy of the Record Holder's note of the request and any discussion regarding this.

The Trust must respond to your application within one calendar month, however if a

request is deemed to be complex this is extended by a further two calendar months. Complex requests are those which involve the retrieval, interrogation, and electronic capture of any paper records.

## Receiving or Accessing the Records

Records will be sent out to you by default electronically as a secure file transfer. You will need to create a username and password to open this. The other alternative is paper records on request, please indicate this by ticking the box on the application form below.

## Complaints

If you would like to make a complaint about an Access to Health Record request, please contact the Information Governance Department at the contact details below:

### Information Governance Department

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust  
Suite 9 Buckingham Row  
Brick Kiln Lane  
Wigan  
WN1 1XX  
E-mail: [DPARRequests@wwl.nhs.uk](mailto:DPARRequests@wwl.nhs.uk)

If you are not happy with the outcome of this, you can complain to the Information Commissioner's Office (ICO). Information can be obtained from the Information Commissioner's website on [www.ico.gov.uk](http://www.ico.gov.uk) or by contacting:

### Information Commissioner's Office

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire, SK9 5AF  
Telephone 01625 545700

## Confidentiality

Patients have a right to have their personal information kept confidential and Record Holders are obliged to be satisfied that an applicant who applies for access is the person they say they are or is otherwise entitled to access the records requested. The minimum security check would be confirmation of identity, but we are entitled to request additional information in certain circumstances, but this would be explained to you at the time of application.

## Fees

People applying for copies of or access to medical records may be charged a fee if the request is deemed to be vexatious or repetitive.

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## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager  
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust  
Royal Albert Edward Infirmary  
Wigan Lane  
Wigan  
WN1 2NN

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## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



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## How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

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This leaflet is also available in audio, large print, Braille, and other languages upon request.

For more information, please ask in the department/ward.

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**Call 111 first when it's less urgent than 999.**



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## Application Form – Access My Records

Please read the accompanying guidance: “Access to Health Records Information Leaflet” regarding the rights of access together with charges that may be associated with your application, to assist you in completing this application form.

DETAILS OF APPLICANT:			
<b>Surname:</b>		<b>Forename(s):</b>	
<b>Address:</b>			
<b>Email address:</b>			
<b>Telephone number:</b>		<b>May we leave an answer phone message?</b>	<b>Yes / No</b>

**Please tick the appropriate boxes:**

- I am the patient and over the age of 16 years.
- I am the person who has legal responsibility for the patient, who is under the age of 14.
- The patient is over 14 years of age and under 16 years of age, has consented to my making this request and has authorised my application.
- I am acting on behalf of the patient (aged over 16). Please be advised that you will need to provide proof that you have power of attorney or that you are the legal representative.
- I am the deceased patient’s personal representative and attach either letters of administration or a grant of probate
- I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that:

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.....

Name of Patient: .....

Signature: .....

Unless you have requested paper copies, records will be sent out to you via a delivery system. The password to open this document will be emailed to you.

DETAILS OF THE PATIENT:			
Surname:		Forename(s):	
Address:			
Date of birth:		Title:	Male / Female
NHS number:		Hospital number:	

If the name and / or address were different from above during the time period(s) to which the application relates - please give details below:

PREVIOUS DETAILS:		
Previous Surname:	1)	2)
Previous Address:	1)	2)
Applicable Dates:		

To help the NHS save time and resources it would be helpful if you could provide details below, informing us of the parts of the health records you require, along with details which you may feel have relevance i.e. dates, consultant name, location, written diagnosis and reports etc.

Please use the space below to document, continuing on another page if necessary.

Which records are you requesting? *(Please tick the applicable boxes)*

- WWL Hospital Services (Royal Albert Edward Infirmary, Leigh, Wrightington, Thomas Linacre, Boston House).
- WWL Community Services (Walk In Centre, District Nurse, Mental Health etc.).
- Both

## WWL Services:

WWL HOSPITAL / CLINIC CONTACTS					
(Please provide as much information as possible)					
Date Attended	Hospital	Ward / Clinic	Consultant	Type of Record – please indicate	Hospital No.
				<input type="checkbox"/> Casenotes <input type="checkbox"/> X-rays <input type="checkbox"/> A&E Records <input type="checkbox"/> Photographs	
				<input type="checkbox"/> Case notes <input type="checkbox"/> X-rays <input type="checkbox"/> A&E Records <input type="checkbox"/> Photographs	
				<input type="checkbox"/> Case notes <input type="checkbox"/> X-rays <input type="checkbox"/> A&E Records <input type="checkbox"/> Photographs	

## WWL Community:

WWL COMMUNITY CONTACTS			
(please provide as much information as possible)			
<b>Name of Service*</b> (Podiatry, Dietetics etc)			
*if you are unsure of the service can you provide detail of the treatment received: mental health, diabetic care etc.			
<b>Where were you treated?</b> (Clinic, walk in, home etc.)			
<b>Health Professionals Name</b> (if known)			
<b>Month and Year of care or treatment</b> (if known)		<b>Month and Year care or treatment ended</b> (if known)	

Do you wish to arrange an appointment to view the original records in the presence of a member of staff? Please note this will be a member of the Information Governance Team who is not medically trained.

YES / NO

I would prefer to receive the records as paper copies.

YES / NO

In order that we can process your application request efficiently would you please advise us if this application is in connection with an ongoing complaint against the Trust?

YES / NO

If yes, please enter your complaint reference number below:

.....

## Declaration

I declare that the information supplied above is correct to the best of my knowledge and that I am entitled to apply for access to the above record(s) under the terms of the Data Protection Act 2018. I enclose two forms of identification one of which must be a photocopy of photographic identification; the other must be a utility bill.

**We cannot process your application without proof of identity.**

**Signature:** .....

**Date:** .....

Please return this form to:  
**Access to Health Records Department**  
Knowsley House  
RAEI  
Wigan Lane Wigan  
WN1 2NN  
Tel: **01942 822541**

For Office Use Only	
Date form was received	
Name of staff who received information	
ID has been checked	
Additional Information requested	
Name of staff who reviewed information	
Date SAR response sent	
Method sent (CD, AMS, Post etc)	