

INFORMATION ON ACCESS TO MEDICAL RECORDS

- Generally, you have the right to see your health records from the day you were born, where they exist. You can see records held in paper files or on computer.
- You can apply right away to access your own data. If you wish to apply to access data for another individual you must provide evidence that you are entitled to act on behalf of the individual. This might be a written authority to make the request or it might be a more general power of attorney.
- In the case of a child, in Scotland a person aged 13 years or over is presumed to be of sufficient age and maturity to be able to exercise their own right of access, unless the contrary is shown. Parents or guardians can apply to access data held on behalf of a child under 13 years of age.
- Part of your records may be withheld on the advice of a health professional if it is felt that access to this information would be likely to cause serious harm to your physical or mental health.
- It can take up to one calendar month to receive the requested information. We will contact you when the notes are ready for collection.
- Due to the sensitivity of the information you are requesting to view we ask that you show some form of identification when you are collecting your notes (preferably photographic).
- There is no fee involved however in certain circumstances we will charge an admin fee. Eg where repeated requests are made or where the request is considered "excessive" by the Information Commissioner.

APPLICATION FOR ACCESS TO RECORDS

NAME OF PATIENT: _____

ADDRESS: _____

DATE OF BIRTH: _____ CONTACT TEL NO: _____

IF YOU ARE NOT THE PATIENT PLEASE
STATE YOUR RELATIONSHIP TO THE PATIENT: _____

WHAT ARE YOU ASKING FOR, PLEASE BE SPECIFIC

Specific information I require: _____

I wish to have a printout of my computer records **YES / NO**

I wish to have copies of my paper records **YES / NO**

I will require copies of my records dating back to: _____

PATIENT SIGNATURE: _____ DATE: _____

<p><u>ADMIN USE</u></p> <p>COPIES CHECKED BY DR (ready to send): _____</p> <p>CONTACT PATIENT TO COLLECT (date contacted: _____</p> <p>TYPE OF ID SHOWN: _____</p>
