



<b>Enw y Grŵp/Is-Bwyllgor: Name of Group:</b>	<b>Information Governance Sub-Committee</b>
<b>Cadeirydd y Grŵp/Is-Bwyllgor: Chair of Group:</b>	<b>Huw Thomas, Director of Finance</b>
<b>Cyfnod Adrodd: Reporting Period:</b>	<b>7 February 2024</b>
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Grŵp/Is-Bwyllgor: Key Decisions and Matters Considered by the Group:</b>	

### Information Governance Sub-Committee Terms of Reference

The Information Governance Sub-Committee (IGSC) reviewed their Terms of Reference and approved them for approval to the Sustainable Resources Committee at its meeting on 27 February 2024.

The approved Terms of Reference is attached as Appendix 1.

### Policies and Procedures

IGSC approved the extension of a number of All-Wales policies for a further 6 months, as they are still under development nationally, namely: -

- 836 - All Wales Information Governance Policy (27/04/2024)
- 837 - All Wales Information Security Policy (27/04/2024)
- 495 - All Wales Internet Usage Policy (27/04/2024)
- 494 - All Wales Email Use Policy

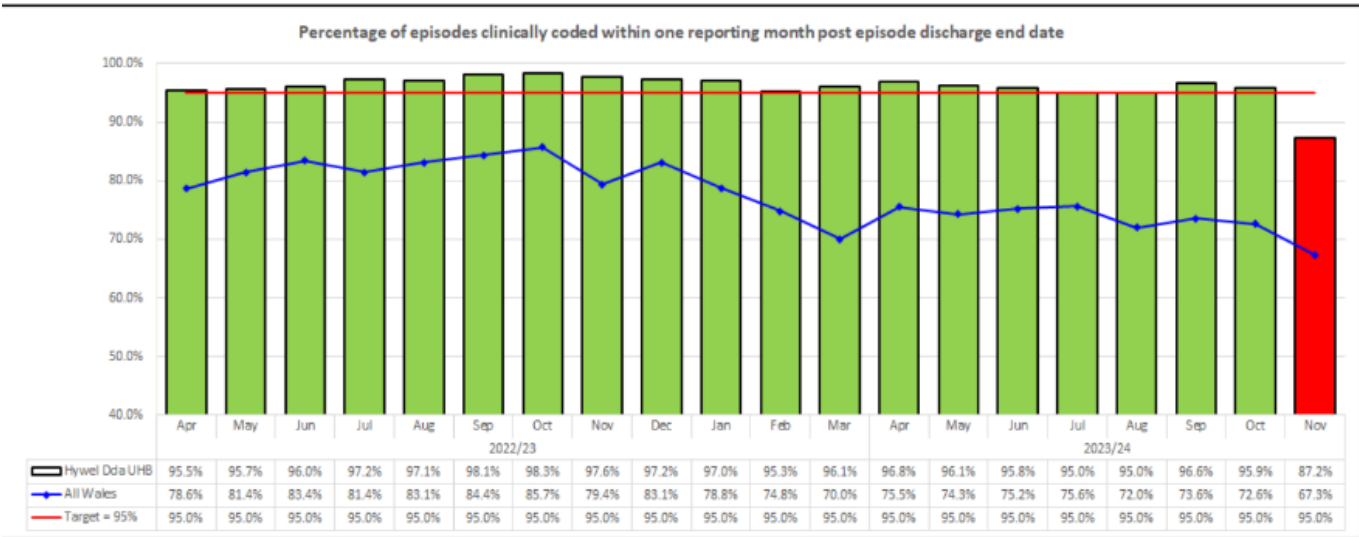
IGSC were also asked to approve the Access to Health Records Policy, which sets out and addresses the principles and practice for managing and complying with all subject access requests within Hywel Dda University Health Board (HDdUHB). IGSC noted the policy and associated procedures will provide robust assurance that all access requests are dealt with in a standardised manner, in accordance with legal requirements and are designed to reflect best practice. The policy has been reviewed by the Health Records and Information Governance Management Teams. IGSC agreed to approve with a recommendation that the Sustainable Resource Committee (SRC) ratify the policy.

The approved Access to Health Records Policy is attached as Appendix 2.

### Clinical Coding Update

IGSC received a paper which provided an update on the clinical coding position for HDdUHB. Performance for November 2023 activity is the first time in 2 years that HDdUHB has not achieved the target. This was not unexpected as there were several contributing factors but mainly the Clinical Coding Team have lost 2.85WTE staff since the beginning of December and unable to replace them currently. The Financial Control Group (FCG) has approved the

replacement of the posts. The Clinical Coding Team has also noted long term sickness and several staff attending the mandatory 3-year refresher courses. The next 12 months are going to be a challenge as there is going to be a further reduction in WTE staff due to retirement and return so the team will be looking to appoint 3.45WTE coders to replace the staff who have left and those reducing hours.



Despite the slight drop in performance, IGSC noted the internal audit programme started this financial year and, to date, four separate audits have been carried out on General Medicine, General Surgery, Trauma and Orthopaedics and Endoscopy and that the quality of the coding was above the recommended percentage targets. The Clinical Coding Team have identified several recommendations that IGSC requested updates for at future meetings.

### HDdUHB’s Corporate and Medical Records Storage Assurance Report

The Information Governance Team are currently undertaking Audits of our Record Storage facilities both internally and externally to the Health Board. The IGSC noted that the latest report covered the following sites: -

- North Road Clinic, Aberystwyth
- Withybush Hospital – Storage container outpatients

IGSC noted the recommendations outlined within the report. However, IGSC felt that further remedial actions were required at one site and requested a Task and Finish Group be established to address the concerns raised.

### Information Commissioner Office (ICO) Notifications

Since April 2023, there have been 4 occurrences when a notification to the Information Commissioner’s Office (ICO) has been required. The following table highlights the current notifications: -

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Open	0	0	1	1	1	0	-	-	-	-	-	-	3
Closed	-	-	-	-	-	1	-	-	-	-	-	-	1
Total	0	0	1	1	1	1	0	0	0	0	0	0	4

Of the cases listed above, one has been closed by the ICO, whilst the others are in progress or awaiting responses from the ICO.

### Information Governance Compliance Update

IGSC received an update on work carried out by the Information Governance Team towards Data Protection compliance within HDdUHB. IGSC were requested to approve a change to the Privacy Notice – Workforce, with particular to the use of Closed-Circuit Television (CCTV) within the mortuaries of HDdUHB.

IGSC approved the additional text protect and safeguard the dignity of the deceased patients. Therefore, the Workforce Privacy Notice will be updated under 'Visiting our Hospitals or Buildings' to include the following statement:

*'In secure/sensitive areas, CCTV may be used to reinforce access control or capture images of people entering/ leaving the area'.*

### Destruction of Patient Records

IGSC received a paper that the Health Records Service (and other services) will be returning to normal destruction processes within HDdUHB, with immediate effect following confirmation that embargo, associated with two separate national inquiries, the Goddard Inquiry (GI) and Infected Blood Inquiry (IBI) are no longer in operation. IGSC were also informed that the retention of records of those patients with chronic conditions for 20 years has also been reversed, following legal advice. IGSC were therefore agreed that the Health Records Service will be reverting to normal destruction protocols immediately.

### Cyber-Security and Network and Information Systems (NIS) Directive Update

A separate report has been prepared for presentation to the In-Committee SRC to provide an update on progress of cyber-security.

### Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Pwyllgor Adnoddau Cynaliadwy:

#### Matters Requiring Sustainable Resources Committee Level Consideration or Approval:

- Approval of the following policies:
  - 249 – Access to Health Records Policy

- Approve a 6-month extension for the following all Wales policies:
  - 836 - All Wales Information Governance Policy (27/04/2024)
  - 837 - All Wales Information Security Policy (27/04/2024)
  - 495 - All Wales Internet Usage Policy (27/04/2024)
  - 494 - All Wales Email Use Policy
- Approve the additional text to the Workforce Privacy Notice.
- Note that the health records service will be reverting to normal destruction protocols with immediate effect.

#### **Risgiau Allweddol a Materion Pryder: Key Risks and Issues / Matters of Concern:**

- The wider strategic issue of the storage of records and boxes within external storage companies.

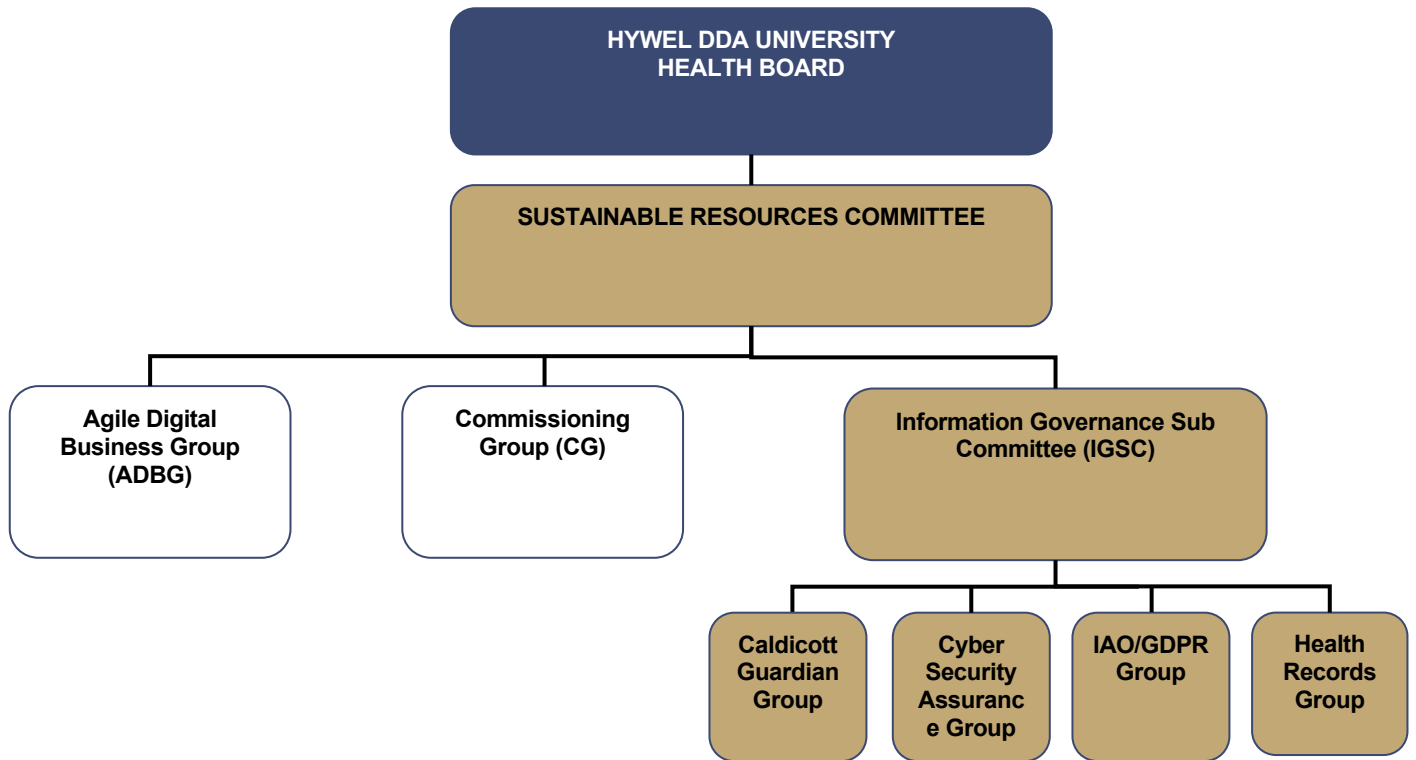
#### **Busnes Cynlluniedig y Grŵp/Is-Bwyllgor ar Gyfer y Cyfnod Adrodd Nesaf: Planned Group/Sub-Committee Business for the Next Reporting Period:**

#### **Adrodd yn y Dyfodol: Future Reporting:**

- Information Asset Owners and Information Asset Mapping Update
- Data Quality and Clinical Coding
- Information Governance Risk Register
- Information Governance Toolkit improvement plan
- Update on Cyber Security/Network & Information Systems Regulations (NISR)
- Caldicott Register to be returned to the IGSC meetings
- Digital/IG Policies and Procedures

#### **Dyddiad y Cyfarfod Nesaf: Date of Next Meeting:**

15 April 2024



## INFORMATION GOVERNANCE SUB-COMMITTEE

### TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V.1	Information Governance Sub Committee Integrated Governance Committee	25 <sup>th</sup> November 2010 21 <sup>st</sup> December 2011	Approved Approved
V.2	Information Governance Sub Committee Integrated Governance Committee	11 <sup>th</sup> November 2011 20 <sup>th</sup> December 2012	Approved Approved
V.3	Information Governance Sub Committee Integrated Governance Committee	14 <sup>th</sup> March 2013 23 <sup>rd</sup> April 2013	Approved Approved
V.4	Information Governance Sub Committee Integrated Governance Committee	14 <sup>th</sup> March 2014 22 <sup>nd</sup> April 2014	Approved Approved
V.5	Information Governance Sub Committee Integrated Governance Committee	13 <sup>th</sup> March 2015 28 <sup>th</sup> April 2015	Approved Approved
V.6	Information Governance Sub Committee	19 <sup>th</sup> June 2015	Approved
V.7	Information Governance Sub Committee	27 <sup>th</sup> July 2015	Approved
V.8	Business Planning & Performance Assurance Committee	25 <sup>th</sup> August 2015	Approved
V.9	Information Governance Sub-Committee	27 <sup>th</sup> November 2015	Approved
V.10	Business Planning & Performance Assurance Committee	22 <sup>nd</sup> August 2017	Approved
V.11	Information Governance Sub-Committee	30 <sup>th</sup> July 2018	Approved
V.12	Information Governance Sub-Committee	11 <sup>th</sup> December 2019	Approved

V.12	Business Planning & Performance Assurance Committee	17 <sup>th</sup> December 2019	Approved
V.13	Information Governance Sub-Committee	2 <sup>nd</sup> September 2020	Approved
V.14	People Planning & Performance Assurance Committee	Via Chair's Action	Approved
V.15	Information Governance Sub-Committee	12 <sup>th</sup> October 2021	Approved
V.15	Sustainable Resources Committee	28 <sup>th</sup> October 2021	Approved
V.16	Revised by Digital Director	17 <sup>th</sup> May 2022	Approved
V.16	Information Governance Sub-Committee	11 <sup>th</sup> October 2022	Approved
V.16	Sustainable Resources Committee	10 <sup>th</sup> November 2022	Approved
V.17	Revised by Digital Director	07 <sup>th</sup> February 2024	
V.17	Information Governance Sub-Committee	07 <sup>th</sup> February 2024	
V.17	Sustainable Resources Committee		

## INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

### 1. Constitution

- 1.1. The Information Governance Sub-Committee (IGSC) has been established as a Sub-Committee of the Sustainable Resources Committee and was constituted from 25<sup>th</sup> November 2010.

### 2. Membership

- 2.1 The membership of the Sub-Committee shall comprise:

Title
Digital Director (Deputy SIRO) (Chair)
Medical Director (Caldicott Guardian)
Associate Medical Director for Professional Standard /Deputy Caldicott Guardian (Vice Chair)
Independent Member
Head of Information Governance
Head of Information Services
Health Records Manager
Information Governance Manager(s)
Assistant Director of Workforce and OD
Head of Digital Operations
Cyber Security Manager
Mental Health Representative
Nursing Representative
Therapies & Health Sciences Representative
County/Community Representative
Primary Care Representative

Risk and Assurance Representative
Legal Services Representative
Freedom of Information Service Representative
Estates and Facilities Representative
Clinical Engineering Representative
Corporate Archivist
<b>In Attendance</b>
Information Governance Officer(s)
Information Asset Owners

2.2 The membership of the Sub-Committee will be reviewed on an annual basis.

### 3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than 6 and must include as a minimum either the Chair (Digital Director) or the Vice Chair (Associate Medical Director for Professional Standard), either the Caldicott Guardian (Medical Director) or the Deputy Caldicott Guardian (Associate Medical Director for Professional Standard) and the Independent Member for scrutiny.
- 3.2 An Independent Member shall attend the meeting in a scrutiny capacity.
- 3.3 Additional members may be co-opted to contribute to specialised areas of discussion.
- 3.4 Any senior manager of the UHB or partner organisation will, where appropriate be invited to attend.
- 3.5 Should any member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair.
- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Information Governance Sub-Committee.
- 3.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### 4. Purpose

- 4.1 The purpose of the Information Governance Sub-Committee is to provide assurance to the Sustainable Resources Committee (SRC), which is a Committee of the Board, on compliance with information governance legislation, guidance, and best practice, and to:
  - 4.1.1 Provide evidence based and timely advice to assist the University Health Board (UHB) in discharging its functions and meeting its responsibilities with regard to the quality and integrity; safety and security; and appropriate access and use of information (including patient and personal information) to support its provision of high quality healthcare.

- 4.1.2 Provide assurance in relation to the Board's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives; legislative responsibilities, e.g., the Data Protection Act 2018, UK General Data Protection Regulations 2016 (implemented May 2018), Freedom of Information Act 2000 and Network and Information Systems Regulation 2018; and any relevant requirements, standards and codes of practice.
- 4.1.3 Provide assurance that risks relating to information governance are being effectively managed across the whole of the UHB's activities (including for hosted and contracted services, through shared services, partnerships, independent contractors, and Joint Committees as appropriate).

## 5. Operational Responsibilities

- 5.1 The Information Governance Sub-Committee will:
  - 5.1.1 Promote and develop a robust information governance and security framework within the UHB and encourage a strong information governance and security culture across the organisation.
  - 5.1.2 Ensure that good information governance practice is integrated into service and project delivery plans and pathways across the UHB.
  - 5.1.3 Ensure openness, security, quality, and legal compliance in all information produced, utilised and reported by the UHB and its partners.
  - 5.1.4 In conjunction with key Committees / sub-committees / groups develop appropriate systems, policies, work plans, procedures and accountability based on innovation and best practice for the effective management of information, including (but not restricted to) the areas of:
    - Information and Cyber Security (Inc. SIRO related issues)
    - Information Sharing Protocols
    - Contracts, partnership and third party and supplier agreements
    - Confidentiality and Data Protection
    - Freedom of Information
    - Subject Access Requests
    - Records Management
    - Information Quality Assurance / Data Quality
    - Risk Management and Incident Management
    - Data Protection Impact Assessments
    - Patient records
    - Clinical Coding
  - 5.1.5 The Sub-Committee is responsible for recommending policies and procedures relating to information governance to the Sustainable Resources Committee (SRC), for approval.



- 5.1.6 Monitor the UHB's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements / assessments, and Internal / External Audit reviews including the implementation of Welsh Audit Office, Health Inspectorate Wales and Internal Audit recommendations.
- 5.1.7 Provide appropriate information governance assurance in relation to any high-level projects and plans that are monitored through and reported to the Sustainable Resources Committee including the UHB's performance management framework and reporting template.
- 5.1.8 Develop, and performance manage action plans to achieve information governance and security objectives and direct and co-ordinate the work of the individuals and Groups involved with aspects of information governance within the UHB. Ensure that action plans and work programmes align with the UHB's Integrated Medium Term Plans (IMTP) where appropriate.
- 5.1.9 Inform and report the UHB's performance, action plans, and identified risks connected to information governance and information security to the Sustainable Resources Committee (SRC).
- 5.1.10 Provide assurance to the Sustainable Resources Committee in relation to the organisation's arrangements for managing information and cyber security incidents including emergency preparedness, resilience and response and business continuity.
- 5.1.11 Provide a forum for discussion and debate on any ad-hoc information governance issues. This will include receiving and enacting information governance issues arising from the implementation of national systems directed for use within the UHB.
- 5.1.12 Develop an annual work plan and report, for sign off by the Sustainable Resources Committee (SRC), that addresses identified risks and priorities, meets relevant statutory and good practice requirement and is consistent with the strategic direction and organisational objectives of the organisation, including the IMTP where appropriate.
- 5.1.13 Provide assurance to the Sustainable Resources Committee (SRC) that, wherever possible, work plans are aligned with partnership plans and developed with Local Authorities, Universities, Collaboratives, Alliances, and other key partners.
- 5.1.14 Take forward any work identified by the Sustainable Resources Committee as required to feed into the UHB's planning cycle.
- 5.1.15 Agree issues to be escalated to the Sustainable Resources Committee with recommendations for action.

- 5.1.16 Consider the information governance implications for the Health Board of review reports and actions arising from the work of external reviewers.
- 5.1.17 Ensure that there is a process of Data Protection Impact Assessment in accordance with Information Commissioner's guidance.
- 5.1.18 The Health Board is meeting its legislative responsibilities, e.g., Data Protection and Freedom of Information Legislation, as well as complying with national Information Governance policies and Information Commissioners Office guidance.

### **Cyber Security**

- 5.1.19 The promotion of information security throughout the Health Board.
- 5.1.20 The review and recommendation for the approval of all information security related policies and procedures.
- 5.1.21 The monitoring of progress in programmes to achieve compliance / certification with ISO27001.
- 5.1.22 The monitoring of progress in programmes to achieve compliance / certification with Cyber Essentials Plus.
- 5.1.23 The review and monitoring of security incidents both locally and nationally, identifying their root cause, any resolution and future prevention.
- 5.1.24 Reviewing information security risk assessments and improvement plans.
- 5.1.25 Consideration of solutions to improve security.
- 5.1.26 Monitoring and auditing compliance with standards and policies.
- 5.1.27 Receiving and reviewing information security related reports (e.g. internal audit).
- 5.1.28 Reviewing and commenting upon the security impact of information system development.
- 5.1.29 Reviewing, and recommending for approval, the information security elements of the annual IG toolkit submission.

## **6. Agenda and Papers**

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Executive Director (Digital Director, at least **six** weeks before the meeting date.

- 6.2 The agenda will be based around the Sub-Committee work plan, matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee members.
- 6.3 All papers must be approved by the relevant Officer.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days of the previous meeting to check for accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

## 7. In Committee

- 7.1 The Sub-Committee can operate with an In-Committee function to receive updates on the management of sensitive and/or confidential information.

## 8. Frequency of Meetings

- 8.1 The Sub-Committee will meet on a bi-monthly basis.
- 8.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

## 9. Accountability, Responsibility and Authority

- 9.1 The Sub-Committee will be accountable to the Sustainable Resources Committee for its performance in exercising the functions set out in these terms of reference.
- 9.2 The Sub-Committee shall embed the UHB's corporate standards, priorities, and requirements, e.g. equality and human rights through the conduct of its business.
- 9.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

## 10. Reporting

- 10.1 The Sub-Committee, through its Chair and members, shall work closely with the Board's other committees, including joint /sub committees and Groups to provide advice and assurance to the Board through the:
  - 10.1.1 Joint planning and co-ordination of Board and Committee business;
  - 10.1.2 Sharing of information.

- 10.2** In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3** The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The following Groups have been established:
- 10.3.1 Information Asset Owners/General Data Protection Regulations (IAO/GDPR) Group
  - 10.3.2 Cyber Security Assurance Group
  - 10.3.3 Health Records Group
  - 10.3.4 Caldicott Guardian Group
- 10.4** The Sub-Committee will receive the minutes following each Group's meetings detailing the business undertaken on its behalf.
- 10.5** The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
- 10.5.1 Report formally, regularly and on a timely basis to the Sustainable Resources Committee on the Sub-Committee's activities. This includes the submission of Sub-Committee minutes, as well as the presentation of an annual report within 6 weeks of the end of the financial year;
  - 10.5.2 Bring to the Sustainable Resources Committee's specific attention any significant matters under consideration by the Sub-Committee.

## **11. Secretarial Support**

- 11.1 The Sub-Committee Secretary shall be determined by the Lead Director (Digital Director).

## **12. Review Date**

- 12.1 These terms of reference shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Sustainable Resources Committee.

# Access to Health Records Policy

## Policy information

**Policy number:** 249

**Classification:**

Corporate

**Supersedes:**

Previous versions

**Version number:**

4

**Date of Equality Impact Assessment:**

29/01/2024

## Approval information

**Approved by:**

Sustainable Resources Committee

**Date of approval:**

Enter approval date

**Date made active:**

Enter date made active (completion by policy team)

**Review date:**

Enter review date (normally three years from approval date)

**Summary of document:**

This policy sets out guidelines for responding appropriately to patients and their representatives and third party organisations, requesting access to health records, ensuring compliance with the relevant legislation.

**Scope:**

This policy has been written as guidance for Hywel Dda University Health Board staff in dealing with both *formal* and *informal* requests for access to health records under data protection legislation. This policy applies to all staff working for the Health Board, including permanent, temporary or contacted staff (including Executive and Non-Executive Directors).

**To be read in conjunction with:** (opens in a new tab)

[172 - Confidentiality Policy](#) : (opens in a new tab)

[191 – Health Records Management Strategy](#) : (opens in a new tab)

[192 – Health Records Management Policy](#) : (opens in a new tab)  
[193 – Retention and Destruction Policy](#) : (opens in a new tab)  
[238 – Information Governance Framework](#) : (opens in a new tab)  
[275 Secure Transfer of Personal Information Policy](#) : (opens in a new tab)  
[836- All Wales Information Governance Policy](#) : (opens in a new tab)  
UK General Data Protection Regulations (EU) 2016/679, the Data Protection Act 2018 and any subsequent data protection legislation

**Patient information:**

Include links to [Patient Information Library](#)

**Owning group:**

IGSC

Date signed off by owning group

**Executive Director job title:**

Director of Operations

**Reviews and updates:**

1 new policy April 2019

2 – revised

3 – full review in line with Data protection legislation 21.8.2020

4 – full review

**Keywords**

Access to Health Records, Access to Personal Health Information

**Glossary of terms**

Data Protection Legislation	UK General Data Protection Regulations (EU) 2016/679, the Data Protection Act 2018 and any subsequent data protection legislation
Right of Access	Provided under Article 15 of the GDPR
SAR	Subject Access Request
Personal information (can be referred to as personal data as identified in data protection legislation)	Information that relates to a living individual who is or can be identified from the information or, from the information together with other information that is in, or likely to come into, the possession of an organisation i.e. the Health Board
Unauthorised individual	Individual who does not have a valid or legitimate reason for having access to information either a staff member or member of the public.
Information sent securely	<u>Electronically</u> – information will be sent via Secure File Share Portal <u>Hard copy/paper</u> – information will be posted and tracked via Royal Mail Recorded or Special Delivery

Information Asset Owner (IAO)	Senior individuals within the Health Board who have been identified to take responsibility for ensuring that Information assets are handled and managed appropriately within their respective departments or service areas.
Information Commissioner's Office (ICO)	The UK independent regulator set up to uphold information rights.

## Contents

Policy information.....	1
Approval information .....	1
Introduction .....	5
Policy Statement .....	5
Scope.....	5
Aim.....	5
Objectives .....	5
The Right of Access .....	6
Who can apply for access? .....	7
Requests for access made on behalf of others .....	7
Third party requests .....	9
Health information held by external organisations .....	10
Responsibility for processing access requests.....	11
Complaints .....	11
Responsibilities .....	12
References.....	13
Appendix 1    Formal Requests for Access to Personal Information held by the Health Board .....	14
Appendix 2    Request for Authorisation for Formal Access to Health Records and Exemption Form ..	15
Appendix 3    Guidance for Informal Access to Health Information .....	16
Appendix 4    Third Party Organisation Request for Information Form.....	17
Appendix 5    Application for Subject Access Request.....	22
Appendix 6    Application for Access to Medical Records Form (Deceased) .....	29
Appendix 8    Medical Consent Form .....	35



## Introduction

This policy sets out the Access to Health Records Policy for Hywel Dda University Health Board (HDUHB). The policy clearly explains what HDUHB will do to meet their legal obligations under the Right of Access provisions of Article 15 of the UK General Data Protection Regulation (UK GDPR) (EU) 2016/679 as applied by the Data Protection Act 2018.

Individuals have the right of access to data concerning their health, including the data in their health records containing information such as diagnoses, examination results and assessments by treating physicians and any treatment or interventions provided. This policy reflects relevant legislation and NHS guidance to ensure HDUHB provide appropriate and timely access for patients and their authorised representatives and third party organisations to all types of personal health records held by the Health Board.

It is essential that staff understand the requirements in this policy and their responsibilities when responding to an individual exercising their right of access to their health information.

## Policy Statement

Hywel Dda University Health Board processes personal information and is required to comply with data protection legislation, including the individual's right of access.

## Scope

A health record exists to provide an account of a patient's contact with the Health Board. Health records can be recorded in electronic form, manual form or a mixture of both. This policy covers all health records, held both electronically and on paper.

The legislation recognises that health records contain special category data (sensitive information about the individual's health) and disclosure is subject to certain safeguards, including obtaining approval from the most relevant health professional, that the release of the data would not be likely to cause serious harm to the physical or mental health of the data subject or another individual.

This policy has been written as guidance for Health Board staff in dealing with both *formal* and *informal* requests for access to health records under data protection legislation. This policy applies to all staff working for the Health Board, including permanent, temporary or contacted staff (including Executive and Non-Executive Directors).

## Aim

The policy will provide the Health Board with a framework that will ensure compliance with the individual's right of access and underpin any operational procedures and activities connected with complying with this legislation.

## Objectives

The objective of this policy is to provide all Health Board staff with clear guidance on how to appropriately respond to both formal and informal requests for access to patient information.

The policy and associated procedures will provide robust assurance that all access requests are dealt with in a standardised manner, in accordance with legal requirements and are designed to reflect best practice.

The policy will support compliance with the legal time limits and application of the exemptions associated with all access for health records requests.

## The Right of Access

Patients who wish to view or obtain a copy of their personal information and individual health record have a legal right to do so. A request by a patient, or a request by a third party who has been authorised by the patient, for access under data protection legislation is called a Subject Access Request (SAR).

SARs can be made electronically, in writing or verbally and it is not necessary for patients to give reasons as to why they wish to access their records. Before access is provided the identity of the person making the request must be verified using 'reasonable means'.

Once identity and entitlement to the information has been verified, the request is valid and the individual must be provided with a copy of their data without undue delay, at the latest within 28 days from the date of the request. Sometimes, additional information is needed to clarify the request before copies can be supplied. In such cases, the 28-day time limit will begin as soon as the additional information has been received. The flow chart in [Appendix 1](#) shows the process for formal requests to the Health Board.

There is nothing in data protection legislation that prevents health professionals from informally showing patients (or proxies) their records as long as no other provisions of data protection legislation are breached. However, before the information can be released an appropriate health professional should consider whether disclosure of the information 'is likely to cause serious harm to the physical or mental health of the data subject or another individual'. This assessment is known as the 'serious harm' test.

As part of this assessment, the authorising clinician or appropriate health professional should also consider the below as this could affect whether or not the records can be released:

- Whether disclosure would reveal that the individual was born as the consequence of human fertilisation or has completed gender reassignment.
- Whether information has been provided by the patient in the expectation of confidentiality and that it would not be shared or disclosed to the applicant.
- Whether any part of the health record discloses information relating to or that would identify a third party (unless that person has consented to disclosure or is a health professional involved in the care of the patient).
- The capacity of the patient to consent to the disclosure of their health record to a third party.
- Whether the patient has at any time indicated a wish not to give access to all or part of their record.

Once the information has been assessed, as above, the relevant health professional should authorise and sign off the record as being fit to provide to the requester (see [Appendix 2](#)).

Only copies of the originals should be supplied under the right of access and must be accompanied by an explanation of any terms that might be unintelligible to the patient or person requesting access to the records. Under no circumstances should original records be released. We have a responsibility to safeguard the integrity of the information we hold and keep it secure at all times. Any information provided must be sent via secure means.

## Who can apply for access?

### Patients with capacity

Subject to certain exemptions ([Appendix 2](#)), patients with capacity have a right to access their own health records via a SAR. Patients may also authorise a third party such as a solicitor to do so on their behalf. Competent young people may also seek access to their own records.

### Children and young people under 18

Where a child is competent, they are entitled to make or consent to a SAR to access their record. Children have the same individual information rights as adults so they should be helped to understand what we do with their information and how they can exercise their information rights.

Children over 16 years are presumed to be competent. Children under 16 in England & Wales must demonstrate that they have sufficient understanding of what is proposed in order to be entitled to make or consent to a SAR. However, children who are aged 12 or over are generally expected to have the competence to give or withhold their consent to the release of information from their health records. When assessing a child's competence, it is important to explain the issues in a way that is suitable for their age.

Where, in the view of the appropriate health professional, a child lacks competency to understand the nature of his or her SAR application, the Health Board is entitled to refuse to comply with the SAR.

Where a child is considered capable of making decisions about access to his or her medical record, the consent of the child must be sought before a parent or other third party can be given access via a SAR.

### Next of kin

Despite the widespread use of the phrase 'next of kin', this is not defined, nor does it have formal legal status. A next of kin cannot give or withhold their consent to the sharing of information on a patient's behalf. As next of kin they have no rights of access to medical records.

### Solicitors

A patient can authorise a solicitor acting on their behalf to make a SAR. All requests from solicitors should be directed immediately to the Access to Health Records service. The staff should ensure that the solicitor provides evidence that the patient has given their explicit written consent.

The consent must cover the nature and extent of the information to be disclosed under the SAR (for example, past medical history, where specific dates may be required), and who might have access to it as part of any legal proceedings. Where there is any doubt, staff should confirm with the patient before disclosing the information. Should the patient refuse, the solicitor may apply for a court order requiring disclosure of the information.

## Requests for access made on behalf of others

Data protection legislation does not provide subject access rights to third parties when they are acting on behalf of an individual who is lacking in competence or capacity. The right of access lies only with the individual data subject. However, those acting on their behalf may still be able to access the information.

## Parents

Parents may have access to their children's records if this is not contrary to a child's best interests or a competent child's wishes. For children under 18, any person with parental responsibility may apply for access to the records.

Not all parents have parental responsibility. In relation to children born after 1 December 2003, both biological parents have parental responsibility if they are registered on a child's birth certificate. In relation to children born before this date, a child's biological father will only automatically acquire parental responsibility if the parents were married at the time of the child's birth or at some time thereafter. If the parents have never been married, only the mother automatically has parental responsibility, but the father may acquire that status by order or agreement. Neither parent loses parental responsibility on divorce. Where more than one person has parental responsibility, each parent may independently exercise rights of access.

Where a child lives with one parent and the other parent applies for access to the child's records. In such circumstances there is no obligation to inform the other parent that access has been sought.

Where a child has been formally adopted, the adoptive parents are the child's legal parents and automatically acquire parental responsibility.

In some circumstances people other than parents acquire parental responsibility, for example by the appointment of a guardian or on the order of a court. A Local Authority acquires parental responsibility (shared with the parents) while the child is the subject of a care or supervision order. If there is doubt about whether the person seeking access has parental responsibility, legal advice should be sought.

The Health Board is entitled to refuse access to a parent, or an individual with parental responsibility where the information contained in the child's records is likely to cause serious harm to the child, or another person.

## Adults who lack capacity

Patients with a mental disorder or some degree of cognitive impairment should not automatically be regarded as lacking capacity to give or withhold consent to disclosure of confidential information. Most people suffering from a mental impairment can make valid decisions about some matters that affect them.

An individual's mental capacity must be judged in relation to the particular decision being made. If a patient has capacity, request for access by relatives or third parties require his or her consent.

When patients lack mental capacity, health professionals are likely to need to share information with any individual authorised to make proxy decisions such as an individual acting under the authority of a lasting power of attorney.

The Mental Capacity Act 2005 contains powers to nominate individuals to make health and welfare decisions on behalf of incapacitated adults. The Court of Protection in England & Wales can also appoint deputies to do so. This may entail giving access to relevant parts of the incapacitated person's medical record, unless health professionals can demonstrate that it would not be in the patient's best interests. These individuals can also be asked to consent to requests for access to records from third parties.

Where there are no nominated individuals, requests for access to information relating to incapacitated adults should be granted if it is in the best interests of the patient, in all cases, only information relevant to the purposes for which it is requested should be provided.

### **Deceased patients**

The Access to Health Records Act 1990 provides the statutory rights of access to a deceased patient's records by the patient's *personal representative, the executor of the will* or by any person *who may have a claim arising out of the patient's death*. The "patient's personal representative" would be an executor of the estate or the administrator of the estate if the patient died intestate. This Act covers manual health records made since 1<sup>st</sup> November 1991, although access must also be given to information recorded before these dates if this is necessary to make any later part of the records intelligible.

Data protection legislation does not apply to data concerning deceased persons. However, the Health Board has an ethical obligation to respect a patient's confidentiality that extends beyond death. This duty of confidentiality needs to be balanced with other considerations, such as the interests of justice and people close to the deceased person. Health professionals should therefore counsel their patients about the possibility of disclosure after death and solicit views about disclosure where it is obvious that there may be some sensitivity. Such discussions should be recorded in the records.

Unless the patient has requested confidentiality while alive, their personal representative and any other person who may have a claim arising out of their death has a right of access to information in the records which is directly related to their claim. No information which is not directly relevant to a claim should be disclosed.

In order to clarify entitlement to the information, the patient's personal representative or executor of the will, should provide evidence of their identity, a copy of the deceased's death certificate or existing will. Any person who may have a claim arising out of the patient's death should provide evidence to support their claim. The decision as to whether a claim actually exists will be made in conjunction with the Caldicott Guardian. In cases where it is not clear, legal advice should be sought.

As with living patients' records, approval should be sought from the most relevant health professional that release of the data would not be likely to cause serious harm to the physical or mental health of any individual.

### **Third party requests**

Various organisations and agencies are likely to request access to patient's health records at different times for different reasons. Each of these requests should be made in writing on the appropriate third party request form ([Appendix 4](#)), considered individually and advice sought from the Information Governance team should there be any doubt in regard to what can or can't be disclosed.

### **Requests from the police**

Police do not have an automatic right to access to patient information. The third party request form should be completed by the requesting Police Officer and counter signed by a Senior Police Officer. The form requires the Police to provide justification for the request, for example for the prevention or

detection of crime. Only the specific information requested should be disclosed and consider the removal of any information that identifies other individuals, if not relevant to the Police investigation.

### **Requests from insurers**

The use of SARs to obtain medical information for life insurance purposes is an abuse of subject access rights and insurance companies who request full medical records risk breaching data protection legislation.

This does not mean that the Health Board can refuse to respond to a SAR from an insurer outright. When a SAR from an insurer is received, the patient should be contacted to explain the extent of the information to be disclosed. It is more appropriate to provide the patient themselves with their medical record rather than releasing it directly to the insurance company. The patient then has choice whether, having reviewed the record, they choose to share it with the insurance company or not.

There is a clear distinction between the use of SARs by a solicitor, who can be seen as an agent of the patient and who is acting on the patient's behalf, and the use of SARs by insurance companies. The individual making the request will be responsible for providing the patient's clear written consent for the release of the information.

### **Other third parties**

Other third party requests can include Department of Work and Pensions, Coroner and Courts, Local Authorities. All requests should be made on the formal third party request form, which includes the justification for requesting the information and the purposes for which it will be used.

If information containing personal information is requested for research, explicit consent must be obtained from the patient. Patients and service users are generally aware and supportive of research, but it is not reasonable to assume that they are likely to consent to each and every research proposal. If it is sufficient for the purposes of the research to make data anonymous or pseudonymised, consent is not required.

## **Health information held by external organisations**

In some cases, external organisations receive SARs for information that they hold about an individual, which contains information that was originated by the Health Board within their records e.g. social care files. Before the external organisation can authorise release of this information to the data subject, it should be reviewed by an appropriate health professional to consider whether disclosure of the information 'is likely to cause serious harm to the physical or mental health of the data subject or another individual'. This is known as the 'serious harm' test. These requests are processed by the IG team.

On receipt of a serious harm request from another organisation, the IG team contacts the relevant department where the health document originated, who identify the appropriate health professional as either author of the attached document or, if the author is no longer with the Health Board, someone who is in a similar role and able to make the 'serious harm' decision.

The department should inform the IG team within the timescales set on the request whether the serious harm test is met and whether authorisation has been given to release the information to the data subject. Where it is considered that release of the information is likely to cause serious harm to the physical or mental health of the data subject or another individual and therefore not authorised

for release, the rationale for this decision should be justified and recorded. This rationale will be shared with the external organisation for their information.

## Responsibility for processing access requests

All requests for access to records will come under one of the following categories:

### Informal request for health information

Informal requests are best dealt with on the spot by clinical staff in line with the agreed process in [Appendix 4](#). A person can make an informal request during a consultation or admission and the appropriate health professional is happy that release of the data would not be likely to cause serious harm to the physical or mental health of any individual.

### Formal request for health information

If a member of staff receives a formal request that they believe is for personal information held within a health record, they should direct to the Access to Health Records team.

- Via email to [access.healthrecords.hdd@wales.nhs.uk](mailto:access.healthrecords.hdd@wales.nhs.uk)
- Via phone to 01269 822226
- Via post to Access to Health Records, Hywel Dda University Health Board, Amman Valley Hospital, Folland Road, Glanamman, Ammanford, Carmarthenshire, SA18 2BQ

### Requests for other personal information (non-health records)

- Via email to [information.governance.hdd@wales.nhs.uk](mailto:information.governance.hdd@wales.nhs.uk)
- Via phone to 01437 773969/70
- Via post to Information Governance, IT Building, Withybush General Hospital, Haverfordwest, Pembrokeshire, SA61 2PZ

If staff are not sure whether the request is for personal information held within a health record or corporately, they should contact the Information Governance Team for advice.

## Complaints

If the individual is dissatisfied with the handling of their request, they can ask for an internal review. Internal review requests should be submitted within two months of the date of release and should be addressed to:

- The Data Protection Officer, Information Governance, IT Building, Bronglais General Hospital, Caradoc Road, Aberystwyth, SY23 1ER
- Or via email to: [DPO.hdd@wales.nhs.uk](mailto:DPO.hdd@wales.nhs.uk)

If they are not satisfied following the outcome of a review, they can make an appeal to the Information Commissioner, who is the statutory regulator. The individual also has the right to lodge a complaint with the Information Commissioner, at any time, if they are unhappy with the way their personal data has been processed. The Information Commissioner's Office can be contacted at:

- Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF
- Or via email to [wales@ico.org.uk](mailto:wales@ico.org.uk)



## Responsibilities

### **Chief Executive & Hywel Dda University Health Board**

The Chief Executive and Hywel Dda University Health Board have a duty to ensure that the requirements of current data protection legislation are upheld and the Chief Executive has overall responsibility for implementation of this policy.

### **Deputy Chief Executive**

The Deputy Chief Executive has delegated responsibility for ensuring that this policy is distributed to and understood by all staff and that the requirements are followed by all staff within the Health Board, Counties, Localities, Services and Directorates.

### **Caldicott Guardian, Senior Information Risk Owner & Data Protection Officer**

The Caldicott Guardian is responsible for the strategic management of confidentiality within the organisation and for providing advice on confidentiality issues. The Caldicott Guardian, as guardian of patient data, must approve each new or changed agreement to share personal data with bodies such as acute hospitals, social services, police, prisons and private health care.

The Senior Information Risk Owner (SIRO) is responsible for the strategic management in regards to the use of information within the organisation and for providing advice on information risk and incidents. The SIRO as an advocate for protecting information is concerned with all information assets.

The Data Protection Officer (DPO) is responsible for advising the Health Board on all issues which relate to the protection of personal data and monitor compliance with data protection legislation on behalf of the Health Board. Data subjects may contact the DPO directly with regard to the processing of their personal data or their information rights.

### **Senior Managers and Service Managers**

All senior managers and service managers have a responsibility for ensuring that this policy is known to all staff, e.g. discussed at staff meetings and that its requirements are followed by all staff within their directorate/service/division/department.

### **Employees**

All employees whether permanent, temporary or contracted should be aware of this policy and adhere to the principles set out within it. Staff should be aware how to access this policy.

### **Clinicians**

All clinicians are responsible for ensuring that they are fully aware of this policy and that the patient records they utilise on a daily basis are maintained to the highest standards possible and that the content is legible, accurate, comprehensive and understandable. They must maintain an awareness of confidentiality, record keeping standards and the patient's right of access to their health record, and implications that this has on current record keeping practices.

### **Appropriate Health Professional**

The 'appropriate health professional' is normally the individual clinician who is or was responsible for the clinical care of the patient during the period to which the application refers or the last health professional that was involved in the care of the patient. Where this is not possible other arrangements must be made to ensure that an appropriate health professional is able to undertake this role and in some cases this may require the approval of the Caldicott Guardian.



Relevant health professionals have a responsibility to assess whether release of information from any part of the health record is likely to cause serious harm to the physical or mental health of the patient, data subject or a third party.

### **Health Records Manager**

The Health Records Manager has delegated responsibility for ensuring that this policy is distributed to all Health Records staff and that these staff fully understand the policy and that the requirements are followed. The Health Records Manager must ensure staff have the relevant knowledge and skills to adhere to the requirements and provide specific training when gaps are identified. The Health Records Manager, will provide specialised advice and assistance for any contentious or complicated request and monitor compliance levels with legal timescales.

### **Access to Health Records Clerks**

The access to health records clerks are responsible for ensuring they have reviewed and fully understood this policy and they follow the requirements explicitly. They are responsible for processing all requests in conjunction with this policy and data protection legislation. Staff must ensure they review each request in detail, read all the enclosed documentation, follow the agreed process, only release the information that has been requested and consented to, and provide the requesters with the relevant information within the legal timescales.

### **Information Governance Department**

The Information Governance Department will provide specialised advice and assistance for any contentious or complicated requests, as and when required.

### **Information Governance Sub-Committee**

The Information Governance Sub-Committee (IGSC) has the responsibility to approve this policy and should disseminate to other relevant committees/boards for information. The IGSC should also monitor adherence with this policy and regularly review compliance levels associated with data protection legislation and the right of access, through the agreed reporting methods.

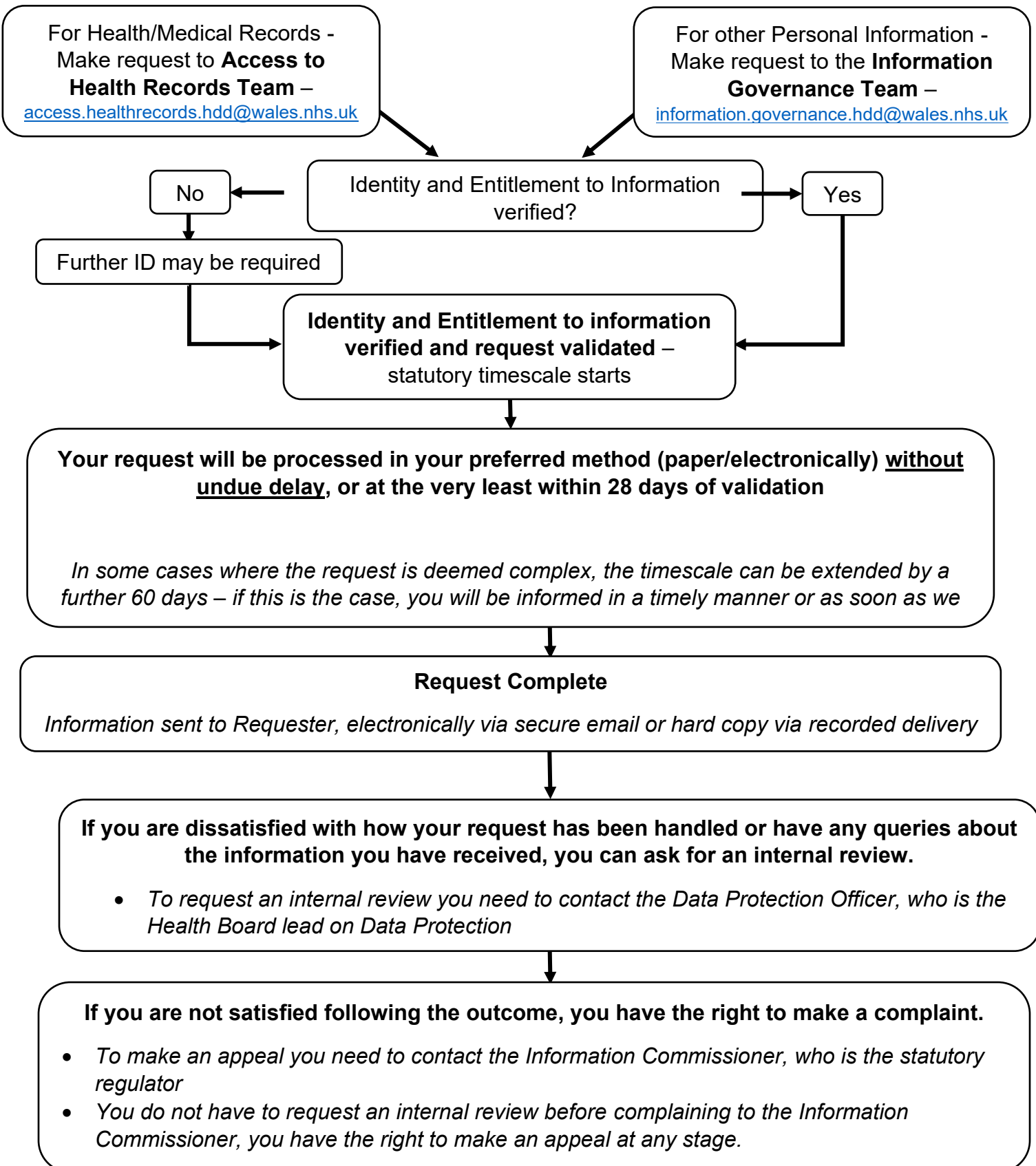
### **Legal Services**

The Legal Services Team will support the Health Records service and staff with any contentious requests for release of patient information that could either cause harm or distress or result in potential litigation against the Health Board. Legal Services will act as the designated link between the Health Records service and the Health Board's solicitors. This process will ensure detailed and expert advice is received as and when required.

## **References**

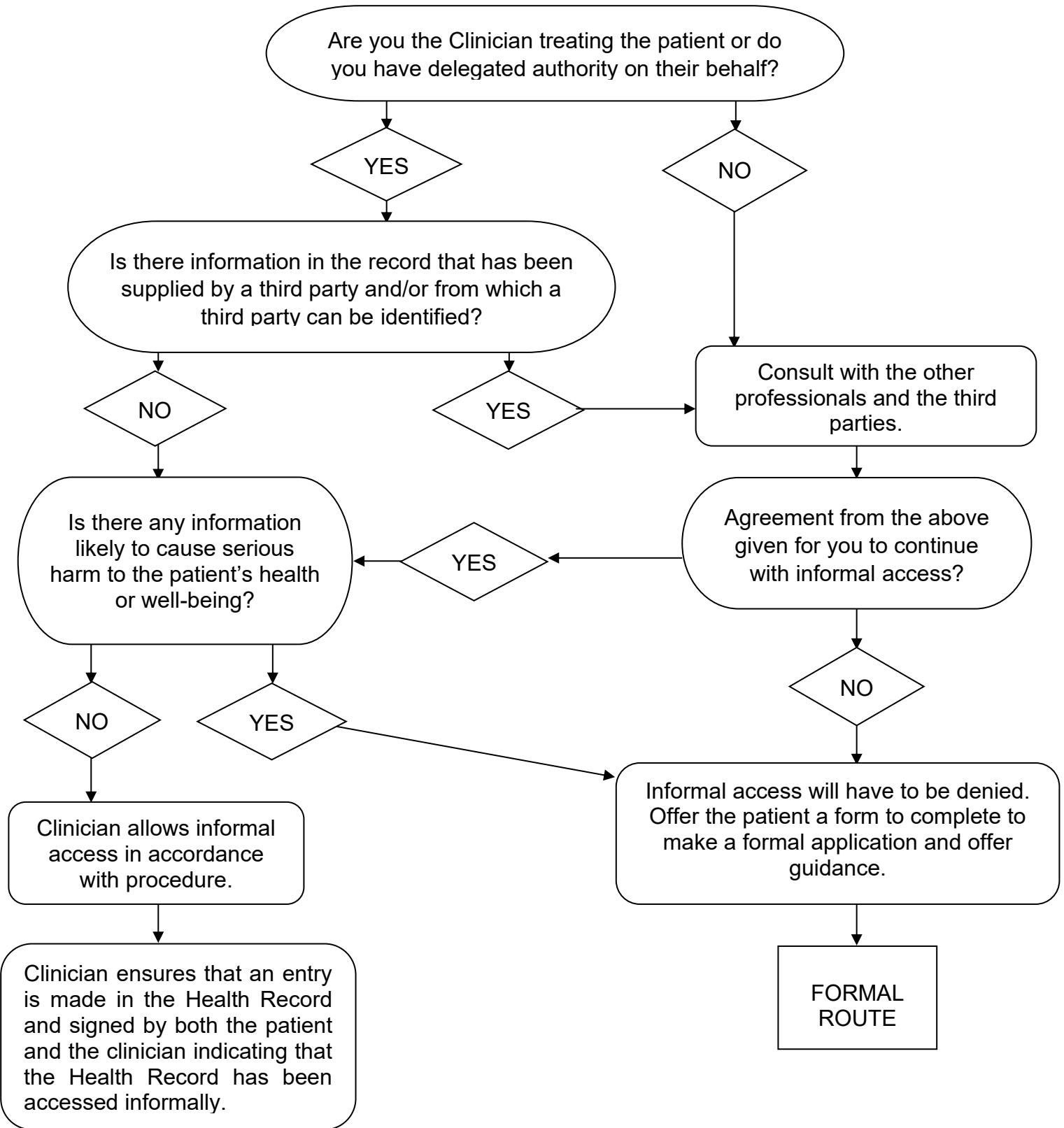
- Access to Health Records Act (1990) [Access to Health Records Act 1990](#), London: HM Government
- BMA (2018) [Access to Health Records – updated to reflect GDPR](#), London: British Medical Association
- Caldicott, F (2013) [Information: to share or not to share? Information Governance Review](#), London: Department of Health
- DPA (2018) [Data Protection Act 2018](#), London: HM Government
- GDPR (2016) [General Data Protection Regulations \(EU\) 2016/679](#), EU: European Union
- ICO (2019) [Right of Access](#), UK: Information Commissioner's Office

## Appendix 1 Formal Requests for Access to Personal Information held by the Health Board



**THIS FORM IS  
CURRENTLY BEING  
FINALISED**

## Appendix 3 Guidance for Informal Access to Health Information



## Appendix 4 Third Party Organisation Request for Information Form

### Third Party Organisation Request for Information Form

#### Request for disclosure of personal data under the Data Protection Act 2018

Hywel Dda University Local Health Board will only disclose personal data where it is permitted under the Data Protection Act 2018. This form is designed to ensure that your request is clear and that the legal basis for disclosure is established. **It does not, however, guarantee that we will disclose the data which you request.** We need to ensure that we stay within the law.

#### Your Details:

Name:	
Position:	
Organisation:	
Phone Number:	
Email Address:	
Postal Address:	

#### Information Requested:

What is/are the full name(s) of the data subject(s) – the person(s) about whom you are requesting personal data?	
Please provide other relevant information to identify the data subject(s) - <i>for example:</i> <i>Address;</i> <i>date of birth;</i> <i>National insurance number.</i>	

Specifically, what personal data are you requesting?	
What date(s) or period(s) does this request relate to?	
If possible, please say which area(s) or service(s) within Hywel Dda University Local Health Board are likely to hold this information	

#### Purpose of Request:

If possible, please say what is the purpose/reason for this request?	
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#### Retention of personal data:

How long you will retain the personal data?	
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### Section 1 – Requests for disclosure with patient consent

Organisations acting on behalf of a patient may make an application for access to the patient's records. In cases where an organisation is not relying on an exemption in Data Protection legislation the Health Board will require written consent from the patient dated within the last 6 months for the disclosure of copies of their notes.

Do you have written consent from the patient to make this request for disclosure of their medical records?

- Yes** ☐ If Yes please provide a copy with this form and complete section 4
- No** ☐ If No please complete either Section 2 or Section 3 to highlight the exemption you are using to make this request without the patients consent and complete section 4.

## Section 2 - Request for disclosure under Schedule 2(1)(2) (Crime and taxation) of the Data Protection Act 2018

Schedule 2(1)(2) allows us to disclose personal data for any of the purposes (listed below), where informing the data subject(s) may prejudice an investigation.

Do you need the data for the purpose of preventing and detecting crime?	Yes / No
Do you need the data in order to apprehend or prosecute an offender?	Yes / No
Do you need the data in order to assess or collect a tax or duty?	Yes / No
If you have answered 'yes', please state how informing the data subject about the source of the personal data may prejudice your investigation.	
If you are requesting this data to collect a tax or duty, please state which tax or duty the request relates to.	

## Section 3 - Request for disclosure under Schedule 2(1)(5) (Laws, Enactments and Court Orders) of the Data Protection Act 2018

Schedule 2(1)(5)(2) allows us to disclose personal data where disclosure of the data is required by an enactment, a rule of law or an order of a court or tribunal, to the extent that the application of those provisions would prevent the controller from making the disclosure.

Are you asking for the data because an Enactment, rule of law, Court Order or tribunal requires you to have the information?	Yes / No
If so, please state which Law or Enactment and the relevant Section number. For a Court Order, please send a copy of the Order	

## Legal proceedings

Schedule 2(1)(5)(3) allows us to disclose personal data where this is necessary in connection with existing or prospective legal proceedings, for obtaining legal advice or to establish, exercise or defend legal rights.

Do you need the data for the purpose of, or in connection with, legal proceedings (including prospective legal proceedings)?	Yes / No
Do you need the data for the purpose of obtaining legal advice?	Yes / No
Do you need the data for the purposes of establishing, exercising or defending legal rights,?	Yes / No
If you have answered 'yes', please provide further clarification and state why it is necessary for the Health Board to disclose the personal data	

## Section 4 - Declaration

I certify that:

- Information requested is compatible with the stated purpose and will not be used in anyway incompatible with that purpose.
- Information will be disposed of securely, and in accordance with the timeframe given on this form.
- I understand information given on this form is correct.
- I understand that if any information given on this form is incorrect, I may be committing an offence under Section 170 Data Protection Act 2018.

Signature

Position/Rank

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Name

Date

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**All requests which do not have a Court Order must have a Countersignature. A countersignatory should be a senior figure within the requesting organisation, who checks the form and assures that the request is legitimate.**

Countersignature

Position/Rank

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Name

Date

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Should any advice or guidance be required in completing this application, please contact:

Head of Information Governance  
Hywel Dda University Health Board  
Bronglais General Hospital  
Aberystwyth  
Ceredigion  
SY23 1ER  
SY23 1ER

Email: [Information.Governance.HDD@wales.nhs.uk](mailto:Information.Governance.HDD@wales.nhs.uk)  
Tel: 01970 635442

## Appendix 5 Application for Subject Access Request

### REQUEST FOR ACCESS TO PERSONAL DATA

#### UK GDPR / Data Protection Act 2018

This form is used to confirm the identity of the patient, the identity and authority of the applicant (where applicable) and to assist in locating information relating to the patient requested by the applicant. Please complete the form using BLOCK CAPITALS and BLACK INK, provide as much information as possible and if necessary continue on a separate sheet and attach with your application. Once completed please email to [Access.HealthRecords.HDD@wales.nhs.uk](mailto:Access.HealthRecords.HDD@wales.nhs.uk) or post to the address at the end of the form. Please use the email address for any queries.

#### Section 1 – Who is the patient?

Patient's Surname	
Patient's Forename(s)	
Date of Birth	
Address	
Post Code	
Telephone Number	
E-mail address	

If the patient has lived at this address for <b>less than 2 years</b>	
please tell us their previous address including postcode	

#### SECTION 2 – What are your personal details?

(a) Are you the patient? ☐ YES ☐ NO

**If you have answered 'YES', go straight to Section 3 on page 3.**

If you have answered '**NO**' please provide the information below:

Your Full Name	
Address	
Post Code	
Telephone Number	
E-mail address	

(b) If you are **NOT** the patient please tick the appropriate box below to state your relationship with them:

- ☐ I am the patient's parent (with parental responsibility) and the patient is under 12 years old.
- ☐ I am the patient's parent (with parental responsibility) and the patient is over 12 years old and: \*is incapable of understanding the request/has consented to my making this request (**evidence of this consent will be required**). \*Delete as appropriate.
- ☐ I have been asked to act by the patient and attach the patient's written authorisation/consent.
- ☐ I have been appointed as the Mental Capacity Advocate/Power of Attorney for this patient and wish to access copies of their records. I attach confirmation of my appointment.

Other (Please state and provide confirmation):

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(c) If you are applying on behalf of another person, you will also need to show proof that you have permission to act on their behalf. We will accept one of the following as proof. Please tick the appropriate box to indicate which document you have enclosed.

- ☐ A signed declaration by the patient.
- ☐ A signed declaration by a health professional, police officer or AM/MP confirming that the patient is unable to make a request themselves.
- ☐ A document confirming you are the parent or guardian of the patient.
- ☐ Proof of appointment that the patient is incapable of managing his/her own affairs and you have been appointed by the courts to manage those affairs.

### SECTION 3 – Confirming identity and address

(a) In order to confirm your identity, please send us a **copy** of one of the documents listed below. Please tick the appropriate box.

- ☐ Valid passport
- ☐ National ID card
- ☐ Photocard driving license
- ☐ Birth Certificate or Certificate of Registry of Birth or Adoption Certificate
- ☐ Other (please state – e.g. Bus Pass)

.....

**If your name is different from that shown on the document(s) you submit, you may be asked to provide further evidence to confirm your identity.**

(b) Please confirm your address by sending us a **copy** of one of the documents listed below. Please tick the appropriate box.

- ☐ Utility bill in your name (e.g. gas, electricity, phone, broadband)
- ☐ Council tax demand in your name or the current financial year
- ☐ Bank, Building Society or Credit Card statement in your name
- ☐ Letter addressed to you from Solicitor or Social Worker
- ☐ Letter regarding benefits (e.g. DWP, HMRC letter)
- ☐ Other (please state)

.....

**Note:** If you wish to deliver your original documents in person we will verify these at the time of your visit and retain copies of these documents.

## SECTION 4 – What information is requested

Please tick the appropriate box to indicate what you wish to access. If you are unsure which box to tick please ring for advice.

Full copy of Acute Medical Record		Full copy of Mental Health Records	
Specific information from Acute Medical Record <b>(please confirm in box below)</b>		Specific information from Mental Health Record <b>(please confirm in box below)</b>	
Maternity / Health Visitor notes <b>(please state which records may be required if any)</b> .....		Therapies Records e.g. Physiotherapy, Dietetics, Podiatry <b>(please state which records may be required if any)</b> .....	
Radiology Images (X-rays / MRI etc.) CD disc only		Radiology Typed Report (X-rays / MRI etc.) Printed copy only. No images	

***Please note that copies of additional records such as maternity or physiotherapy or dietetics etc. will only be provided if the specific records are identified by the requester and they have attended those services.***

\*If you are only interested in specific information or a specific time period from your records please confirm the exact information you require and the exact dates.

**OR** Specific records (that may not be covered above). Please describe below what is required (give as much detail as possible and include timescales where applicable).

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**Please tick the appropriate box to indicate preferred method of delivery:**

I wish to receive this information by:

- ☐ Secure email (sent via the Health Boards secure file sharing portal)
- ☐ Secure post (recorded delivery signature required)

In most cases we are unable to charge a fee to comply with a subject access request. However, where the request is manifestly unfounded or excessive we may charge a “reasonable fee” for the administrative costs of complying with the request. We can also consider charging a reasonable fee if you require further copies of your data following a request. This fee will be fairly based on the administrative costs of providing further copies.

We are required to act on the subject access request without undue delay and at the latest within one month of receipt.

However, we are able to extend the time to respond by a further two months if the request is complex or we have received a number of requests from an individual. If this is the case, we will let you know within one month of receiving your request and explain why the extension is necessary.

## **SECTION 5 – Formal Declaration**

Under the terms of the UK General Data Protection Regulation 2016/Data Protection Act 2018/Access To Health Records Act 1990 (access to deceased records only), I request that you provide me with the information I have indicated overleaf. I confirm this is all of the information to which I am requesting access. I also confirm that I am either the Patient, or am acting on their behalf. I am aware that it is an offence to unlawfully obtain such information, e.g. by impersonating the Patient.

I certify that the information given on this form is true. I understand that it is necessary for Hywel Dda University Health Board to confirm my identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

By completing this form you are agreeing to the processing of your personal data in accordance with Data Protection legislation, for more information on how we process personal data please see our Privacy Notice at <https://hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notices/full-privacy-notice/>.

SIGNED:	
PRINT NAME:	
DATE:	

**Please make sure you have:**

- completed the form in full
- signed the declaration above
- enclosed the relevant proof of identity
- enclosed the relevant proof of address
- if applying on behalf of another person, their permission together with any authorities to act on their behalf.

**Note:** If you deliver your documents in person we will verify these at the time of your visit and retain copies of these documents.

**Send the completed form and enclosures to:**

**Access to Health Records,  
Hywel Dda University Health Board,  
Amman Valley Hospital,  
Glanamman,  
Ammanford,  
Carmarthenshire,  
SA18 2BQ  
Email: [Access.HealthRecords.HDD@wales.nhs.uk](mailto:Access.HealthRecords.HDD@wales.nhs.uk)**

Example of patient consent form

Patient full name	
I have given consent for the person named below to act on my behalf:	
Your Full Name	
Address	
Post Code	
Telephone Number	
I hereby authorise Hywel Dda University Health Board to release personal data they may hold to the above named person.	



## Appendix 6    **Application for Access to Medical Records Form** **(Deceased)**

### **REQUEST FOR ACCESS TO PERSONAL DATA** **FOR DECEASED PATIENTS ONLY**

#### **Access To Health Records Act 1990 (Access To Deceased Records Only)**

This form is used to confirm the identity of the patient, the identity and authority of the applicant (where applicable) and to assist in locating information relating to the patient requested by the applicant. Please complete the form using BLOCK CAPITALS and BLACK INK, provide as much information as possible and if necessary continue on a separate sheet and attach with your application. Once completed please email to [Access.HealthRecords.HDD@wales.nhs.uk](mailto:Access.HealthRecords.HDD@wales.nhs.uk) or post to the address at the end of the form. Please use the email address for any queries.

**\*Please note: Despite the widespread use of the phrase ‘next of kin’, this is not defined, nor does it have formal legal status. A next of kin has no rights of access to medical records.**

#### **Section 1 – Who is the patient?**

Patient's Surname	
Patient's Forename(s)	
Date of Birth	
Address	
Post Code	
Telephone Number	
E-mail address	

If the patient has lived at this	
address for <b>less than 2 years</b>	
please tell us their previous	
address including postcode	

## SECTION 2 – What are your personal details?

### Applicant

Your Full Name	
Address	
Post Code	
Telephone Number	
E-mail address	

Please note the term 'Next of kin', is not defined, nor does it have formal legal status. A next of kin has no legal rights of access to medical records.

Please tick the appropriate statement:

- ☐ I have been appointed by the court to manage the patient's affairs and I attach a certified copy of the court order appointing me to do so.
- ☐ I am the patient's legally appointed personal representative and I attach proof of my appointment as Executor / Administrator (copy of the Will / a sealed Grant of Probate / a Grant of Letters of Administration / solicitor's letter detailing your executor status)
- ☐ I have a claim arising from the patient's death and wish to access information relevant to my claim and attach documentary evidence to support this (solicitor's letter)

If you are unable to satisfy any of the above, the Health Board will be unable to provide you with any information.

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

### SECTION 3 – Confirming identity and address

(a) In order to confirm your identity, please send us a **copy** of one of the documents listed below. Please tick the appropriate box.

- ☐ Valid passport
- ☐ National ID card
- ☐ Photocard driving licence
- ☐ Birth Certificate or Certificate of Registry of Birth or Adoption Certificate
- ☐ Other (Please state – e.g. Bus Pass):

.....

**If your name is different from that shown on the document(s) you submit, you may be asked to provide further evidence to confirm your identity.**

(b) Please confirm your address by sending us a **copy** of one of the documents listed below. Please tick the appropriate box.

- ☐ Utility bill in your name (e.g. gas, electricity, phone, broadband)
- ☐ Council tax demand in your name for the current financial year
- ☐ Bank, Building Society or Credit Card statement in your name
- ☐ Letter addressed to you from Solicitor or Social Worker
- ☐ Letter regarding benefits (e.g. DWP, HMRC letter)
- Other (please state)

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**Note:** If you wish to deliver your original documents in person we will verify these at the time of your visit and retain copies of these documents.

## SECTION 4 – What information is requested

Please tick the appropriate box to indicate what you wish to access. If you are unsure which box to tick please ring for advice.

<input type="checkbox"/>	Full copy of Acute Medical Record	<input type="checkbox"/>	Full copy of Mental Health Records
<input type="checkbox"/>	Specific information from Acute Medical Record (please confirm in box below)*	<input type="checkbox"/>	Specific information from Mental Health Record (please confirm in box below)*
<input type="checkbox"/>	Maternity / Health Visitor notes (please state which records may be required if any) .....	<input type="checkbox"/>	Therapies Records e.g. Physiotherapy, Dietetics, Podiatry (please state which records may be required if any) .....
<input type="checkbox"/>	Radiology Images (X-rays / MRI etc.) CD disc only	<input type="checkbox"/>	Radiology Typed Report (X-rays / MRI etc.) Printed copy only. No images

***Please note that copies of additional records such as maternity or physiotherapy or dietetics etc will only be provided if the specific records are identified by the requester and they have attended those services.***

\*If you are only interested in specific information or a specific time period from your records please confirm the exact information you require and the exact dates.

**OR** Specific records (that may not be covered above). Please describe below what is required (give as much detail as possible and include timescales where applicable).

**Please tick the appropriate box to indicate preferred method of delivery:**

I wish to receive this information by:

☐

Secure email (sent via the Health Boards secure file sharing portal)

☐

Secure post (recorded delivery signature required)

### Additional information

In most cases we are unable to charge a fee to comply with a subject access request. However, where the request is manifestly unfounded or excessive we may charge a “reasonable fee” for the administrative costs of complying with the request. We can also consider charging a reasonable fee if you require further copies of your data following a request. This fee will be fairly based on the administrative costs of providing further copies.

We are required to act on the subject access request without undue delay and at the latest within one month of receipt.

However, we are able to extend the time to respond by a further two months if the request is complex or we have received a number of requests from an individual. If this is the case, we will let you know within one month of receiving your request and explain why the extension is necessary.

### SECTION 5 – Formal Declaration

Under the terms of the UK General Data Protection Regulation 2016/Data Protection Act 2018/Access To Health Records Act 1990 (access to deceased records only), I request that you provide me with the information I have indicated overleaf. I confirm this is all of the information to which I am requesting access. I am aware that it is an offence to unlawfully obtain such information e.g by impersonating the deceased patient’s representative.

I certify that the information given on this form is true. I understand that it is necessary for Hywel Dda University Health Board to confirm my identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

By completing this form you are agreeing to the processing of your personal data in accordance with Data Protection legislation, for more information on how we process personal data please see our Privacy Notice at <https://hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notices/full-privacy-notice/>.

SIGNED:	
PRINT NAME:	
DATE:	

**Please make sure you have:**

- completed the form in full
- signed the declaration above
- enclosed the relevant proof of identity
- enclosed the relevant proof of address
- if applying on behalf of another person, their permission together with any authorities to act on their behalf.

**Note:** If you deliver your documents in person we will verify these at the time of your visit and retain copies of these documents.

**Send the completed form and enclosures to:**

**Access to Health Records  
Hywel Dda University Health Board  
Withybush Hospital  
Haverfordwest  
Pembrokeshire  
SA61 2PZ**

**Email:** [Access.HealthRecords.HDD@wales.nhs.uk](mailto:Access.HealthRecords.HDD@wales.nhs.uk)

## Appendix 8    **Medical Consent Form**

### MEDICAL CONSENT FORM

Name of Victim:	_____	D.O.B.	_____
Date Incident:	_____	Time Incident:	_____
Type of Incident (eg assault):	_____		

\* delete as necessary

1. I hereby consent to being medically examined by a qualified Medical Practitioner.
2. I hereby consent for the above named child to being medically examined by a qualified Medical Practitioner.
3. On the (date) ..... I / the above named child was medically  
examined by ..... at .....
4. I authorise the examining Doctor (or a colleague) to supply to the Police:
  - a. A statement concerning the examination / any injuries / treatment received as a result of the above incident.
  - b. A copy of any medical notes made appertaining to the examination / injuries / treatment relating to the above incident.

Signed: .....

Print Name: .....

Relationship to child if applicable:                      \* PARENT / GUARDIAN

Address: .....  
.....  
.....