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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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DEALING WITH SUBJECT ACCESS REQUESTS UNDER DATA PROTECTION LEGISLATION PROCEDURE

Introduction and Aim

The General Data Protection Regulation and the Data Protection Act 2018 (together, the **Data Protection Legislation**) are the main pieces of legislation governing the protection of personal data in the UK.

Articles 12 to 22 of the GDPR give individuals various rights in respect of their personal information, including under Article 15 of the GDPR, the right for any living individual (or their nominated representative e.g. a solicitor) to request access to the personal information that an organisation is holding about them. This is known as the right to “subject access request”. Organisations have a legal obligation to comply with these requests and provide personal information to the requestors subject to certain specified exemptions.

GDPR also gives individuals the following rights that might be relevant to this procedure:

- The right to be informed
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling

If personal data is being processed, individuals have as the right to be given a description of the data, the purposes of the processing and if the information is to be shared, who it will be shared with. The individual is also entitled to apply for access to personal data of which they are the subject. Access encompasses the rights to obtain a copy of the record in permanent form, have information provided in an intelligible format (and explained where necessary, eg medical abbreviations) and where the individual agrees, the access right may be met by providing a facility for the individual to view the record without obtaining a copy.

If a request is for a medical report/record to be created, or for interpretation within a medical report/record, this will fall under the Access to Medical Reports Act 1988 (AMRA). As these both require new data to be created, they are outside the scope of the Data Protection Legislation.

This procedure outlines the standard process to be followed by Cardiff and Vale University Health Board (the UHB) to ensure that we adhere to the legislation and we have a consistent approach for dealing with requests for personal information. This procedure supports the UHB's overarching Information Governance Framework.

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The procedure will ensure that the UHB fully complies with the legislative requirements of the Data Protection Legislation thereby mitigating any potential risks resulting out of non compliance, such as substantial fines or enforcement action from the Information Commissioner. This procedure will also demonstrate that the UHB operates in an open and transparent manner thereby enhancing the reputation of the organisation.

Objectives

In accordance with the Data Protection Legislation, this procedure will ensure that:

- All staff will be able to recognise requests and will know what needs to be done with them such as where they need to be sent for action
- Staff responsible for processing requests follow agreed and approved processes ensuring full compliance with the Data Protection Legislation
- All subject access requests are processed within the legislative timeframe
- Appropriate and relevant information will be released in accordance with the requirements of the Data Protection Legislation
- Advice and assistance will be provided where appropriate and necessary
- Complaints about any aspect of the UHB’s compliance with the Data Protection Legislation are dealt with promptly and impartially

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<p style="text-align: center;"><input type="checkbox"/> Interests of third parties who may be affected by any disclosure of information are respected.</p>		
<p>Scope</p> <p>Elements of this procedure apply to all of our staff in all locations including those with honorary contracts.</p>		
Equality Impact Assessment	An Equality Impact Assessment has not been completed as this procedure has been written to support the Information Governance Policy. The Equality Impact Assessment completed for the Policy found there to be some impact in relation to communication and an Action Plan has been developed to address the issues.	
Documents to read alongside this Procedure	Information Governance Policy General Data Protection Regulation Data Protection Act 2018 Data Protection Act Policy Freedom of Information Act 2000 Freedom of Information Act Policy Freedom of Information Act Procedures Disclosure of Personal Data to the Police Guidelines	
Approved by	Information Technology and Governance Sub Committee	
Accountable Executive or Clinical Board Director	Medical Director – Caldicott Guardian Senior Information Risk Officer (SIRO)	
Author(s)	Senior Manager Performance and Compliance	
<p><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <u>Governance Directorate.</u></p>		

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	18/12/2015	06/04/2016	New Document

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2	03/12/2019	13/01/2020	Updated document

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9	<p>Appendices</p> <p>Standard Operating Procedures for dealing with access to the following:</p> <ol style="list-style-type: none"> 1. Non medical records 2. Medical records 3. Dental records 4. Occupational health records 5. Community Teams health records 6. Mental Health and Rookwood Hospital records 7. Physiotherapy records 8. Podiatry records 9. Dietetic records 10. Radiology Images 11. Employee Wellbeing Service records 12. Primary Care 13. Emergency Unit 14 IVF 15 Media Resources 16. Standard Application Form 17. Record of Verbal Abuse 	
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1. Compliance with the Data Protection Legislation

Under the Data Protection Legislation requests must be complied with within one month of the UHB receiving it, or in any case within one month of receipt of any further information required to identify the correct individual and, where applicable, the required fee is paid. This period may be extended for a further two months where necessary, taking into account the complexity and number of requests.

The UHB has identified where subject access requests are more likely to be made and will ensure that awareness training is provided to all staff in those areas. Staff in areas where requests are ultimately handled must be provided with comprehensive training. The training should cover:

- required format of a subject access request;
- correct identification of the requesting individual;
- location of personal information;
- timescales for compliance;
- provision of information in an intelligible format;
- action to be taken if the information includes third party data or if it has been determined that access will seriously harm an individual

The UHB will ensure that its subject access procedures are reviewed regularly, and will implement additional procedures to assess and improve performance in meeting the statutory timeframes (or any more restricted timeframes required by the subject access request procedures).

2. Roles and Responsibilities

2.1 Medical Director

The Medical Director as Caldicott Guardian has responsibility to ensure compliance with the Data Protection Act in respect of Medical Records

2.2 Board Secretary

The Director of Informatics as Senior Information Risk Officer (SIRO) has responsibility to ensure compliance with the Data Protection Legislation in respect of all other corporate records including those containing personal information. Whilst the UHB will use its reasonable offers to make as much personal information in respect of Subject Access Requests, lack of intraoperability between some IT systems may mean that such requests cannot be fully complied with.

References to designated managers extend to appropriate alternates in terms of discharging relevant roles and responsibilities.

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Routine processing of subject access requests will fall primarily within the following areas:

□ **Information Governance Department – Non medical records** □ **Legal services** **Medical Records Department – Centrally held Medical Records**

- **Non centrally held medical records.** These include the following areas and each will have devolved Standard Operating Procedures (SOP) for dealing with these requests these will be detailed within this procedure. These devolved areas include:
 - Dental Hospital – Dental records
 - Occupational Health Department – Occupational Health Records
 - Community Teams – Community Records
 - Mental Health Records - □ Employee Wellbeing Service
 - Physiotherapy Records
 - Podiatry Records
 - Dietetic Records
 - Occupational Therapy Records
 - Primary Care Records
 - Media Resources Records

2.3 Information Governance Department

Information Governance Department will provide advice and support for all UHB staff in relation to the Data Protection Legislation and will be responsible for releasing or overseeing the release processes for all records other than medical records which will be issued by the Medical Records Department.

Within the Information Governance Department there will be an Information Governance Co-ordinator with responsibility for receiving and logging requests within a central data base. The co-ordinator will issue acknowledgement letters and will oversee the process of obtaining and collating information throughout the UHB.

2.4 Medical Records (Central)

The team within central medical records will be responsible for processing requests for access to medical records held centrally. The Department will provide a quarterly report on activity to the information governance team for onward reporting to the Information Technology and Governance Sub Committee to provide assurance that the UHB is meeting its legal obligation in respect of subject access under the Data Protection Legislation. Appendix 1 provides full details of the process to be followed in central medical records department. There are separate procedures for process to be followed in the devolved areas and these are attached in the appendices below.

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2.5 All Staff

All staff are responsible for ensuring that all requests seeking access to personal information are directed to the appropriate area as defined above as soon as the request is received. If advice or guidance is required this will be provided by the Information Governance Department.

Staff who are required to provide information which is held within their area in response to a subject access request must ensure that every effort is undertaken to identify, locate, retrieve and provide the information as soon as practicably possible in order that the UHB can fully comply with the subject access time limit requirements. It is an offence to delete information that is held which has been requested under the Data Protection Legislation. Should there be any doubt about what can and cannot be provided, then guidance and advice must be sought from the information governance department.

3. Making a request to access personal information (subject access request)

- Applicants who make contact either in person or by telephone should be encouraged to put their request in writing. However, this is not a requirement of the legislation and therefore the UHB must accept requests made verbally. Wherever possible verbal requests should be documented on the relevant pro forma (Contents item 10 refers).
- Standard subject access request form should be issued to the requestor advising the form should be returned to the Information Governance Department or Medical Records Legal Services.
- Requests received by letter, fax or e-mail must be directed immediately to the Information Governance Department or Medical Records Legal Services.
- Applicants will be required to provide appropriate proof of identification before the request can be processed. The identification acceptable would be driving licence, passport or copy of a recent utility bill, no more than three months old.
- Requests from nominated representatives (e.g. solicitor) acting on behalf of an individual must have signed written consent from the individual and this will be retained with the SAR form and proof of identification.
- The UHB is legally obliged to comply with all subject access requests within one month of receipt of request. The one month to commence only after receiving the verified proof of identification and, where applicable, the necessary fee. The UHB may extend the one month period for a further two months where necessary, taking into account the complexity and number of requests.

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4. Charging for subject access requests

- No fees apply to the processing of subject access requests of any kind unless a request is manifestly unfounded or excessive. No charges will be made to cover photocopying or postage fees unless the applicant offers to pay these costs and the UHB accepts this offer. If the applicant subsequently withdraws this offer these costs cannot be charged. . .
- Where the UHB is able to charge a fee, this must be requested promptly on receipt of the subject access request. The one month deadline will not commence until the fee and proof of identification is received from the applicant and the ID is approved as suitable for processing of the request under the Data Protection Legislation.
- If the fee and/or proof of identification has not been received with the initial application but all the necessary information required to process the application has been provided then a standard letter (SL2) should be issued to the applicant to request the outstanding item.

5. Procedures for processing requests

- Requests may be received anywhere within the UHB. Although the UHB encourages individuals to put their requests in writing, this is not a requirement of the legislation and so requests may be made verbally.
- All requests must be transferred immediately to the appropriate department either Medical Records, Information Governance Department (IG) or devolved medical records settings as per item 2.2 Requests for General Practice records should be directed to the relevant practice .
- Requests to be logged in databases and either reference number or hospital number allocated
- Request to be acknowledged (SL1)
- If sufficient information provided by applicant to continue processing request this to be forwarded to the appropriate individuals/departments for information to be extracted
- Information to be returned for consideration for release
- Response to be issued including information appropriate for disclose

More detailed area specific procedures are provided in the appendices below

6. Requests from the Police

If requests are received from the police then information can be provided if consent has been given by the relevant individual, any consent must be documented.

The police may seek personal data under an exemption in the Data Protection Act 2018 that permits the UHB to make a disclosure without the subjects consent. The exemption at paragraph 2 of Schedule 2 of the Data Protection Act 2018 may apply when disclosure of personal data to the police is necessary for the purposes of:

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a. the prevention and detection of crime, or b. the apprehension or prosecution of offenders

Information can be provided without consent if it is believed that gaining consent would prejudice an investigation (e.g. evidence destroyed).

Police forces have standard forms for requesting personal data, in accordance with guidance issued by the Association of Chief Police Officers (ACPO). The form should certify that the information is required for an investigation concerning national security, the prevention or detection of crime, or the apprehension or prosecution of offenders, and that the investigation would be prejudiced by a failure to disclose the information. The form must be signed by the senior officer in charge of the investigation

Disclosures of personal information to the police should only be made by departmental managers, equivalent or more senior members of UHB staff. All disclosures must be recorded; including the reasons how and why the decision to disclose was reached.

It is important to ensure the identity of anyone requesting information is checked and that only the minimum amount of information is provided to satisfy the request. Always seek advice when making any decision regarding disclosure and ensure that a record is retained within the patients' health record or the employee personnel file detailing the reasoning for decisions to release information.

In addition the UHB can receive Courts Orders for information to be provided and these must be complied with unless it is decided to challenge the Order at Court. Further information is contained within the following document "Disclosure of Personal Data to the Police Guidelines"

7. Reporting Arrangements

Compliance against the one month response limit will be recorded and reported to the Information Technology and Governance Sub Committee (ITGSC), within the integrated Information Governance Report, at every meeting. The reports will identify any areas of weakness for compliance within the UHB and plans to address continued poor performance will be developed and monitored via the ITGSC. If necessary any identified high risk areas will be included within the IG risk register as will the requirement to comply with the one month limit and potential risks of fines or enforcement action from the Information Commissioner.

8. Complaints and feedback

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If applicants are dissatisfied with the way the UHB has dealt with their subject access request they can appeal against any decisions by writing either to the Director of Informatics/SIRO, in relation to medical records access, or the SIRO for non health records. The file will then be reviewed by the Senior Manager responsible for Information Governance and the findings and outcomes of the review will be discussed with the Director of Informatics/SIRO and the decision of the review will be communicated to the applicant by the Senior Manager responsible for Information Governance on behalf of the Director of Informatics/SIRO. The response must include contact information for Information Commissioners Office (ICO) and explain the right of the applicant to request the ICO to review the matter as the independent regulator with responsibility for data protection issues.

APPENDIX 1

STANDARD OPERATING PROCEDURES FOR DEALING WITH NON MEDICAL RECORDS

1. Receipt of Request

- Requests can be received anywhere within the UHB and do not need to be made in writing. All requests must be sent immediately to the Information Governance Department (IG).
- On receipt of request the IG Co-ordinator will log the request on the database allocating a unique identifying reference number.
- Create a new electronic file within the Information Governance s:/drive using the unique reference number and this file will be used to save all correspondence relating to the request and its processing this will include copies of information issued/redacted.
- If the request contains sufficient information to process the IG co-ordinator will issue a standard acknowledgement letter stating the request will be processed within one month.
- If identification has not been included this will be requested by the IG co-ordinator using standard letter
- If insufficient information provided to process the request a standard letter will be issued along with an accompanying subject access request form
- If request is from a representative of an individual a letter of consent must be obtained.

2. Processing of Request

- On receipt of all documentation and proof of identification the co-ordinator will ensure the documents are valid.
- Following confirmation of identity and receipt of fee (if any applicable) the start date and due date will be entered on the database.
- Any fee received will be banked and receipt obtained

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- The standard acknowledgement letter will be issued to include the cashiers receipt for the payment of any fee received.
- The co-ordinator will then issue a request to the relevant departments identified by the requestor as holding the information they wish to access. If an individual has requested all information held on them within the organisation a search of all relevant databases and filing systems (including archived systems) should be initiated
- The co-ordinator will monitor timely responses from the departments providing the information for responding

Types of personal information that may be held by the UHB include the following

- Personnel /Human resources files if the applicant is /was a member of staff or applied for a post within the UHB (or any predecessor organisations in existence before 2009 organisational changes)

- Complaints files
- Client files or reports such as delayed transfers of care or applications for funding
- Payments made or received by the applicant
- Information held by other organisations on behalf of the UHB
- E-mails held within filing systems or outlook boxes
- General files

3. Reviewing information

Once information returned to the Information Governance Department will undertake the following process:

- All information collated will be reviewed by a member of the Information Governance Team
- If any third party individual, not including a health professional, is named or has provided information about the applicant the following must be considered by the IG team prior to releasing information:-
 - Can the request be complied with without revealing information which relates to and identifies any third party individuals? If so the third party information must either be removed prior to releasing or alternatively the consent of the third party individuals must be obtained
 - Careful consideration must be given prior to disclosure to ensure that the applicant would not suffer harm or distress on receipt of the information. This will be the subject of discussion with the relevant departmental manager

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4. Releasing / Refusing Information

Generally, the UHB will provide information to the requestor except where an exemption preventing or restricting access applies. Access may be denied or restricted where:

- The record contains information which relates to or identifies a third party that is not a care professional and has not consented to the disclosure. If possible the individual should be provided with access to that part of the record which does not contain the third party information.
- Access to all or part of the record will prejudice the carrying out of social work by reason of the fact that serious harm to the physical or mental well-being of the individual or any other person is likely. If possible the individual should be provided with access to that part of the record that does not pose the risk of serious harm.
- Access to all or part of the record will seriously harm the physical or mental well-being of the individual or any other person. If possible the individual should be provided with access to that part of the record that does not pose the risk of serious harm.
- Any other exemption under the Data Protection Legislation applies.

Wherever practical, responses will be sent via secure electronic methods of transmission. Where a patient records a “hard copy” response, these are to be sent via recorded delivery marked private and confidential. As soon as any reply has been issued the database will be updated to reflect the date and compliance with the one month limit.

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APPENDIX 2

REQUESTS TO ACCESS HEALTH RECORDS CENTRALLY HELD (HEALTH RECORDS DEPARTMENT)

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

Applications

- 1.
2. The applicant will be asked to complete an application form in order to assist with verification to ensure the correct case records are actioned.
3. All applications will be logged on a central database, stating department, clinician and date sent on the master control sheet.
4. All 'patient' applications must be billed and paid for before work on medical records is commenced. If proof of identification is not provided this will be requested before request will be processed.
5. An application will be deemed valid from the date of receipt of completed application form from solicitor or invoice payment by patient.
6. If request is for records not held centrally the request will be logged on the main database and forwarded to the relevant area to process and respond. The date the response is issued must be advised to the legal team to update the central database for monitoring against one month limit.

Processing and Responding

1. The relevant medical record will be obtained and passed to the appropriate health care professional for advice. He/she should consult with other health professionals who have had a significant input to the patient's care.
2. The health care professional should see the record itself or an extract. If the applicant is to see an extract, that extract must be provided by the health care professional.

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3. If supervision of access to the record is necessary, an appointment will be made for the applicant to meet the health records manager.
4. The health records are viewed by the applicant/s in the presence of the health records manager. The applicant is entitled to be supplied with photocopies of records and these will be provided as necessary.
5. On conclusion of the inspection, the control sheet will be appropriately noted and filed with the application form.
6. Records are sent to the solicitor of applicant via courier. Update database with details.

Fees

- No charge will be made for photocopying and postage unless the applicant offers to pay this and this offer is not subsequently withdrawn .

Information and Advice to Patients

- Information advising patients of their rights under the Data Protection Legislation will be displayed in the hospital, and information booklets will also provide guidance.
- If patients have difficulty making an application, staff from the Legal Department in Health Records will provide assistance.

Procedures for Dealing with Requests from Benefit Agency Benefits Claims

1. Receive claim form from Benefits Agency e.g. CICB, DSS and date stamp.
2. Enter information onto control sheet and ensure that progress is noted appropriately.
3. Enter details into either DSS or insurance book or control sheet.
4. If a medical record report is required, pass the appropriate forms to the clinician responsible.
5. Double wrap any health records to the Benefits Agency and send recorded delivery.
6. If confirmation of attendance or admission dates are required, check details on PMS, enter details on relevant form, sign, date and hospital stamp. Post to Benefits Agency.

Procedures for Dealing with Insurance Claims Insurance Claims

1. Receive claims forms from insurance companies e.g. BUPA, PPP, WHA etc. Date stamp.
2. Confirm if attendance or admission dates are required, check details on Patient Management System, enter correct dates on form, sign, date and add hospital stamp.

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3. If medical report is required, pass the health record and appropriate forms to the clinician responsible.
4. Post completed form to patient or insurance company as required.
5. Enter details in book.

Litigation

1. Inform UHB Head of Corporate Governance of any possible forthcoming litigation cases.

APPENDIX 3

REQUESTS TO ACCESS DENTAL RECORDS

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

Applications

- 1 The applicant will be asked to complete the standard application (see Contents item 10) and return to Information Governance Department
- 2 When form returned IG will log on the central database (reflecting that it is a request for Dental Records)
- 3 IG Dept will check the request contains sufficient information to process including appropriate identification and/or required fee.
- 4 If identification and/or any applicable fee have not been included this will be requested by the IG co-ordinator using standard letter
- 5 If request is from a representative of an individual a letter of consent must be obtained.
- 6 As soon as all information including fee and identification is provided all documentation will be sent immediately to Dental for processing.
- 7 When request received in Dental any applicable fee will be banked and a receipt obtained.
- 8 A standard acknowledgement letter will be issued with the receipt for payment attached stating the request will be processed within 40 calendar days.

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If requests are received directly by the Dental Hospital they must inform the Information Governance Department to ensure that the request is logged appropriately.

Processing and Responding

- 1 The relevant record will be retrieved and copied, If images or photographs are requested these will be copied to CD
- 2 Once all the requested information is collated and copied this will be considered to ensure it does not contain personal information relating to another individual other than the requestor.
- 3 Once satisfied all information is suitable and appropriate for issue the complete file will be sent to the consultant who had the last contact with the person making the request.
- 4 This consultant will review the complete file and authorise its release to the requestor.
- 5 Any delays in returning the file will be actively chased to ensure that breaches of the one month time limit are minimized.
- 6 As soon as the consultant confirms authorization the response should be sent via recorded delivery marked private and confidential. Or alternatively the requestor can collect if they wish to do so.
- 7 As soon as the reply has been issued Information Governance Department MUST be notified in order that the database can be updated to reflect the date and compliance with the one month limit.

Requests from Dentists / GP's

When requests received directly from GP's or dentists then a standard application form must be sent directly to the patient concerned. No requests will be processed until the signed application form is returned from the patient with all the required documentation and the processes identified above will then be followed.

Requests from Solicitors/Legal representatives forwarded from Medical Records Legal Department

Confirmation must be sought and obtained that dental records are specifically required before these requests will be actioned to ensure that there is no unnecessary work undertaken to retrieve and provide dental records which are not wanted.

Once confirmation provided records will be provided directly to Medical Records legal department for issue.

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APPENDIX 4

REQUESTS TO ACCESS OCCUPATIONAL HEALTH RECORDS

Applications

1. Applications must be sent to Occupational Health Department (OHD)
2. The applicant will be asked to complete a standard application form
3. OHD Medical Secretaries will notify Information Governance (IG) of the application either by e-mail or telephone and the application will be logged in the main IG database.
4. If request is from a representative then a letter of consent must be provided or obtained.
5. OHD Medical secretaries will issue a standard acknowledgement letter stating the request will be processed within one month.
6. If identification and/or fee have not been included this will be requested.
7. All applications must be billed and paid for before work is commenced.
8. An application will be deemed valid from the date of receipt of completed application form or invoice payment by patient.

Processing and Responding

1. The fee will be banked and receipt obtained.
2. The relevant record will be retrieved and referred to the appropriate healthcare professional for any advice. He/she should consult with other healthcare professionals who have had input to the individuals care.
3. The HC professional should see the record itself or an extract. If the applicant is to see an extract, that extract must be provided by the health care professional.
4. The records must be viewed by the applicant/s in the presence of an agreed OHD professional. The applicant is entitled to be supplied with photocopies of records and these will be provided as necessary.
5. If supervision of access to the record is necessary, an appointment will be made for the applicant.
6. On conclusion of the inspection, OHD medical secretaries will notify IG Dept either by e-mail or telephone for the database to be updated accordingly.
7. Records that are copied for issue will be sent via courier and IG Dept must be notified of the date for the database to be updated accordingly.

Fees

1. No charge will be made for photocopying and postage unless the applicant offers to pay this and this offer is not subsequently withdrawn.

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APPENDIX 5

STANDARD OPERATING PROCEDURES FOR DEALING WITH REQUESTS TO ACCESS RECORDS HELD BY COMMUNITY TEAMS

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

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APPENDIX 6

REQUESTS TO ACCESS MENTAL HEALTH AND ROOKWOOD HOSPITAL RECORDS

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

Applications

1. The applicant will be asked to complete an application form in order to assist with verification to ensure the correct case records are actioned.
2. Once completed application form received this should be acknowledged either in writing or verbally.
3. Proof of identification must be sought and provided before work to retrieve records commences.
4. All applications will be logged on a central database, stating department, clinician and date sent on the database.

Charging

2. 1 No charge will be made for photocopying and postage unless the applicant offers to pay this and this offer is not subsequently withdrawn.

Processing and Responding

1. The relevant medical records will be obtained, including obtaining information from the Paris system, OT records, physiotherapy records and copies of all information will be made.
2. The completed file will be passed to the consultant (healthcare professional) who had the last contact with the patient for them to review the file. He/she should consult with other health professionals who have had a significant input to the patient's care.
3. The health care professional should see the record itself or an extract.
4. If the applicant has only requested to view an extract, that extract must be provided by the health care professional and once approval to

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disclose is provided by the healthcare professional arrangements can be made for the records to be viewed by the applicant/s in the presence of the health records manager.

5. The applicant is entitled to be supplied with photocopies of records and these will be provided as necessary.
6. If supervision of access to the record is necessary, an appointment will be made for the applicant to meet the health records manager.
7. On conclusion of the inspection, the database will be appropriately noted.
8. If applicant has requested copies the once the file has been signed off by the healthcare professional the applicant will be contacted to establish the preferred method of sending or they will be given an option for collection.
9. If file is posted this will be via courier.

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APPENDIX 7

STANDARD OPERATING PROCEDURES FOR DEALING WITH REQUESTS TO ACCESS PHYSIOTHERAPY RECORDS

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

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APPENDIX 8

STANDARD OPERATING PROCEDURES FOR DEALING WITH REQUESTS TO ACCESS PODIATRY RECORDS

Relevant legislation

Access to Health Records Act 1990

Applies to deceased patients only. Relatives can only have access to information from November 1st 1991. Access to a deceased person's medical notes should not be given if when the patient was alive, they indicated that they did not wish their notes to be disclosed to a particular person. Under the Data Protection Act 2018, access to a patient's medical records can only be disclosed providing the request satisfies one of the following conditions:

- The requestor has a legitimate care or research relationship with the patient(s).
- The disclosure is necessary for a justifiable business purpose.
- There is a legal obligation to disclose.
- The requestor has patient/subject consent to the disclosure

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

Applications

Any application for the copy of podiatry medical records should be made to the Head of Service, and must contain enough information to identify the person for whom the request is being sought. The request should always contain the written consent of the patient or their legal representative, and satisfy one of the conditions detailed above.

Podiatry Records are held in the following areas:

- Patient's PARIS Case Notes
 - Patient's manual file (if applicable) Case Notes
 - Assessments and Reports □ Letters to and from patient
 - Results of medical investigations
 - Letters to and from other Health Professionals
1. The applicant will be asked to complete an application form in order to assist with verification to ensure the correct case records are actioned.
 2. Once completed application form received this should be acknowledged either in writing or verbally.

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3. Proof of identification must be sought and provided before work to retrieve records commences.
4. All applications will be notified to the IG Dept for logging on the database

Charges

No charge is payable

1 No charge will be made for photocopying and postage unless the applicant offers to pay this and this offer is not subsequently withdrawn.

Processing and Responding

1. Any requests for copies of a patient's medical records received for any past or previous patient must be referred to the Head of Service or relevant Health Professional Lead in charge of the patient's care **before** notes are photocopied and/or printed out.
2. A copy of the request should be placed in the patient's manual file with the title "*Letter Requesting Copy of Medical Records*".
3. The Head of Service or relevant Lead Professional in charge of the patient's care should check the patient's Podiatry records and either approve or refuse for copies of the patient's Podiatry records to be sent.
4. If the request for providing a copy of the patient's medical records is approved, the Head of Service or relevant Health Professional Lead in charge of the patient's care will inform the relevant Podiatry Service(s).
5. If the request for providing a copy of the patient's medical records is refused, Head of Service or relevant Health Professional in charge of the person's care will inform the relevant Podiatry Service(s) that the patient's medical records should not be disclosed and the reason why. The request should then be returned to the relevant referring person stating that under the Data Protection Act 2018, access to a patient's medical records cannot be disclosed and the reason for this must be provided.
6. Copies of the medical records should be posted by recorded delivery for confidentiality reasons in line with the UHB's "*Protocol for sending patient identifiable data or data useable for identity theft*". If someone is unavailable to take delivery of the medical records, they will need to be collected from the Post Office indicated on the card posted through the requestor's letterbox
7. Once the response has been issued IG Dept must be notified for the database to be updated to reflect the compliance against the one month limit

Further detailed information is available in the following document

"Guidance on the Management of the Request for Copies of Patient's Podiatry Records"

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APPENDIX 9

STANDARD OPERATING PROCEDURES FOR DEALING WITH REQUESTS TO ACCESS DIETETIC RECORDS

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

Dealt with by Legal Services Medical Records

Request received verbally - send standard form to requestor

Completed form to be returned to Medical Records and request logged Request to be sent to Head of Dietetics.

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APPENDIX 10

STANDARD OPERATING PROCEDURES FOR DEALING WITH REQUESTS TO ACCESS RADIOLOGY IMAGES

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

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APPENDIX 11

STANDARD OPERATING PROCEDURES FOR DEALING WITH REQUESTS TO ACCESS EMPLOYEE WELLBEING SERVICE RECORDS

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

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APPENDIX 12

PRIMARY CARE MEDICAL RECORDS

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

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APPENDIX 13

EMERGENCY UNIT

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

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APPENDIX 14

IVF

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

- Applies to all other patients wishing to access their records. Access to Health Records can be supplied from birth.

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APPENDIX 15

Media Resources

Relevant legislation

Access to Health Records Act 1990

- Applies to deceased patients only. Relatives can only have access to information from November 1st 1991.

General Data Protection Regulation and Data Protection Act 2018

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APPENDIX 16

Standard Application Form

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD
BWRDD IECHYD PRIFYSGOL CAERDYDD A'R FRO
APPLICATION FOR ACCESS TO PERSONAL DATA
DATA PROTECTION ACT 1998**

PLEASE COMPLETE IN BLOCK CAPITALS
DETAILS OF THE RECORD TO BE ACCESSED

Hospital/Clinic:

Patient: Surname: _____ **Forename:**

Address:

Date of Birth: _____

Hospital Ref.

No. _____

(If known)

Contact Telephone No:

Email Address:

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

Previous Name:

Previous Address:

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PATIENT HOSPITAL CONTACTS:

Please provide as much information as possible. Give full details of all the episodes you are interested in and if you only wish to receive data relating to a specific aspect of one or other of these episodes please specify in the comments section.

CLINIC WARD ATTENDED	DAT ES	CONSUL TANT	COMMEN T

DETAILS OF APPLICANT (if different)

Surname: _____ **Forename:**

Address:

DECLARATION

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to above under the terms of the General Data Protection Regulation (GDPR).

1	I am the patient	YES	NO
.			
2	I have been asked to act by the patient and have attached the patient's written authorisation.		
.			
3	I am acting in locoparentis and the patient is under 16 and :		
.			
	Is incapable of understanding the request		

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	Has consented to my making the request		
4	I am the deceased patient's personal representative and have attached proof. (We will accept either a copy of the deceased patients will, where you are named; or proof that you are their appointed representative. Without this proof, we are unable to carry out your request.)		

PLEASE NOTE we also require photographic identification (copy of driving license/passport) and a copy of a utility bill with your current address. This is so we are able to confirm your identity and ensure we disclose records to the correct address. Without this ID, we will be unable to process your request so it is important to supply this ID immediately to avoid delay.

Signed: _____ Date: _____

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APPENDIX 17

