

Request for access to: Health Records & Medical imaging

Held by the Royal Devon University Healthcare NHS Foundation Trust under the:

UK General Data Protection Regulation

IF YOU ARE THE PATIENT APPLYING TO SEE YOUR OWN RECORD/IMAGES YOU SHOULD COMPLETE SECTIONS 1, 2, 3, 5, 7 & 8, AND PROVIDE THE DOCUMENTATION REQUESTED IN SECTION 7.1

IF YOU ARE APPLYING FOR ACCESS TO SOMEONE ELSE'S RECORD/IMAGES YOU SHOULD COMPLETE ALL SECTIONS OF THE FORM AND PROVIDE THE DOCUMENTATION REQUESTED IN SECTION 7.1 and 7.3

Please note for Eastern Services: Radiology images are no longer available in disc format. Images are only accessible through IEP to enable this we need either 2 email addresses or 1 email address & 1 mobile phone number

1. DETAILS OF PATIENT RECORD REQUIRED:

Mr /Mrs / Miss / Ms / Mx

*Surname *Forename(s).....

*Address

..... Postcode

Daytime telephone number Date of Birth

*Mobile Phone Number.....

*Email

2nd Email

Hospital/NHS Number (if known)

If the name or address has changed since attendance at hospital, please give details below.

Previous name

Previous address

..... Postcode.....

2 DETAILS OF INFORMATION REQUESTED

Information in respect of treatment for: (please state condition/illness/department attended e.g. Physiotherapy, A&E etc.) please provide as much detail as possible to enable us to review your records for release.

.....

.....Date range:

Radiology Images required: **Yes / No**

Radiology Reports required: **Yes / No**

3. PLEASE INDICATE WHICH SITES YOU HAVE VISITED IN RELATION TO YOUR REQUEST:

Please note, as of 1st April 2022 the Royal Devon and Exeter NHS Foundation Trust (Eastern Services) and Northern Devon Healthcare NHS Trust (Northern Services) formally merged to become the Royal Devon University Healthcare NHS Foundation Trust.

To enable us to locate your medical records as soon as possible, please tick which of our sites below you have attended.

Eastern Services:

- Wonford Hospital (RD&E Hospital)
- Heavitree Hospital (RD&E Hospital)
- Axminster Hospital
- Budleigh Hospital
- Community Care in the Home
- Crediton Hospital
- Exeter Community Hospital (Whipton)
- Exeter Mobility Centre
- Exmouth Hospital
- Franklyn House
- Honiton Hospital
- Mardon Neuro-Rehabilitation Centre
- Moretonhampstead Hospital
- Okehampton Hospital
- Ottery St Mary Hospital
- Seaton Hospital
- Sidmouth Hospital
- Tiverton and District Hospital

Northern Services:

- North Devon District Hospital
- Barnstaple Health Centre
- Bideford Community Hospital
- Fern Centre
- Holsworthy Community Hospital
- Ilfracombe Tyrell Hospital
- Litchdon Medical Centre
- Lyn Health Medical & Minor Injury Service
- South Molton Community Hospital
- Torrington Hospital

Please note if you are requesting information from Castle Place Practice (GP Surgery) we will forward your request to the practice and they will respond directly to you.

4. DETAILS OF APPLICANT

*Please complete this section if you are **not** the patient as detailed above in section 1*

Surname Forename(s)

Address.....

.....Postcode.....

Daytime telephone number

Relation to data subject

Email

5. DECLARATION

I declare that the information given by me on this form is correct to the best of my knowledge and that I am entitled for access to the health record detailed in Section 1 under the terms of the UK General Data Protection Regulation and Data Protection Act 2018.

I am: *(please delete as appropriate)*

- 1. The patient referred to in Section 1 or;
- 2. The person who has been asked to act on the patient’s behalf, by the patient, who has signed Section 6 below to provide consent or;
- 3. The parent OR acting in loco parentis to the patient who is under 16 (see 7.3) or;
- 4. The person who is acting on the patient’s behalf, as the patient is incapable of making or understanding the request (see 7.3).

Signed Date

6. AUTHORISATION

This section should be completed and signed by the patient, to authorise the person identified in Section 4 to act on their behalf.

I hereby authorise the Royal Devon University Healthcare NHS Foundation Trust to release the requested information regarding my health to the person named in Section 4. I agree that the Trust can contact me using the details in Section 1 if there are any concerns prior to release.

Name:

Signed Date

7. DOCUMENTATION REQUIRED

7.1. Patient identify check: For all releases we require a copy of one of the following documents to confirm the patient identity:

Driving License or Passport or Birth Certificate

7.2. Authorisation check: Where you are acting on behalf of the patient without their authorisation please provide documents to confirm your authority such as:

Certified copy of Power of Attorney or Evidence of Parental responsibility

8. ACCESSING OPTIONS FOR CASENOTES: *Please choose your preferred option:*

I would like the records sent via secure email

A pdf guide with more information on receiving secure NHS email is available via this link:
<https://s3euwest1.amazonaws.com/commsmat/CommsArchive/Accessing+Encrypted+Emails+Guide.pdf>

I would like the records to be sent via the MyChart Patient Portal

If you select this option, you will need to sign up to MY CARE, using the following link;
<https://www.rdehospital.nhs.uk/patients-visitors/my-care-your-patient-portal/how-to-sign-up-to-my-care/>

I would like a paper copies of the records to be sent

Please note there may be a cost per page printed which will be advised prior to release.

Radiology images cannot be printed or converted into PDF.As of the 04/11/2024 access for images will be through the IEP system to enable you to access this we need either 2 email addresses or 1 email address & 1 mobile phone number

IN ACCORDANCE WITH ARTICLE 12 (3) OF THE GENERAL DATA PROTECTION REGULATION, WE ARE REQUIRED TO RESPOND TO YOUR REQUEST WITHIN ONE MONTH OF RECEIPT, HOWEVER THIS CAN BE EXTENDED BY TWO FURTHER MONTHS WHERE NECESSARY TAKING INTO ACCOUNT THE COMPLEXITY AND/ OR AVAILABILITY OF YOUR NOTES (*CLINICAL REQUIREMENT OF YOUR NOTES WILL ALWAYS BE A PRIORITY*) AND ANY CLINICAL REVIEW REQUIREMENTS.

Please email your completed form to the relevant Access to Records Office.

Eastern Devon and Exeter Sites and Services:

Email: rduh.accesstorecords-eastern@nhs.net

Alternatively, you can get help completing the form from Patient Advice and Liaison Service (PALS), contact us by telephone on 01392 402623, or send your request to us at:

Access to Records, Royal Devon & Exeter NHS Foundation Trust, Wonford Hospital, Barrack Road, Exeter, Devon, EX2 5DW

Northern Devon Sites and Services:

Email: rduh.accesstorecords@nhs.net

Alternatively, you can get help completing the form from Access to Records Team contact us by telephone on 01271 322760, or send your request to us at:

Access to Records, Level 0, North Devon District Hospital, Raleigh Park, Barnstaple, Devon, EX31 4JB