

## Complaints

If you have any complaints about any aspect of your application to obtain access to your health records, you should first discuss this with the clinician concerned. If this proves unsuccessful, you can make a complaint through the NHS Complaints Procedure:

NHS Complaints Procedure is available on the NHS Choices website at: [www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/](http://www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/)

Alternatively you can contact the Information Commissioners Office (responsible for governing Data Protection compliance) - Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. Tel 0303 123 1113 or <https://ico.org.uk/>

All complaints will be acknowledged within their own timelines. If you would like to complain to the Practice directly please contact:

Data Controller: Sarah Poyntz-Wright

Langport Surgery, North Street, Langport, TA10 9RH

July 2019



## Langport Surgery

### General Data Protection Regulation (GDPR)

#### Making a Subject Access Request

##### Introduction

GDPR gives every living person (or authorised representative) the right to apply for access to their medical health records.

##### How to make a request

To request your own medical health records held at Langport Surgery please complete the form enclosed within this leaflet and hand in at Reception. If you wish to request the medical health records of someone else, or you are unable to complete the form, please contact the surgery and ask to speak to the Secretaries for more information.

##### Costs

Under GDPR, you cannot be charged a fee to view your health records or to be provided with a copy of them, but you can be charged for extra copies or for unusual requests. All copies will be printed and be available to pick up from the surgery. You will need proof of ID.

Once the surgery has all the required information, and fee where relevant, your request should be fulfilled within 30 days (in exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met).

## Exemptions

In some circumstances, GDPR permits the Data Protection Officer (DPO) to withhold information held in your health record. These rare cases are:

- Where it has been judged that supplying you with the information is likely to cause serious harm to your physical or mental health or condition; or any other person.
- Where providing you with access would disclose information relating to, or provided by a third person who had not consented to the disclosure. This exemption does not apply where that third person is a clinician involved in your care.

When making your request for access it would be helpful if you could provide details of the time-periods and aspects of your health record you require. This will ensure that your requests can be actioned as soon as possible.

If you are using an authorised representative, you need to be aware that in doing so they may gain access to all health records concerning you, which may not all be relevant. If this is a concern, you should inform your representative of what information you wish them to specifically request when they are applying for access.

## CCTV Images

- CCTV images will not be retained longer than is considered necessary, and are automatically deleted.
- All images will be held securely, and all access requests and access to images will be documented.
- Except for law enforcement bodies, images will not be provided to third parties.

## Request to Access Medical Records

Date of request: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

### Request for copy of medical records *(please tick)*

I am requesting copies of my entire medical record  
OR

I am requesting copies of my medical records for the following time period and/or particular aspect of my record:

\_\_\_\_\_ to \_\_\_\_\_ (dates)

\_\_\_\_\_ (details)

Please tick if you are happy to receive your records on a password protected disk

### Request to view medical records *(please tick)*

I am requesting access to view my entire medical record  
OR

I am requesting access to view my medical records for the following time period and/or particular aspect of my record:

\_\_\_\_\_ to \_\_\_\_\_ (dates)

\_\_\_\_\_ (details)