

**Request for access to: Health Records & Radiology Images**

Held by the University of Bristol Dental School 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, 4, 5, & 7 AND PROVIDE THE DOCUMENTATION REQUESTED IN SECTION 6.1, 6.2.**

**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 6.1 and 6.3**

**Requests for University of Bristol records other than clinical notes or radiographs (x-rays) must be submitted to Information Governance Manager, Office of the University Secretary via the link** [**University of Bristol Subject Access Requests**](https://www.bristol.ac.uk/secretary/data-protection/subject-access/#:~:text=%E2%80%8CSubject%20access%20request%20form&text=Subject%20access%20requests%20can%20be,Information%20Governance%20Manager%20if%20possible)

**1. DETAILS OF PATIENT RECORD REQUIRED:**

Mr /Mrs / Miss / Ms / Mx

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

Address .................................................................................................................................

..........................................................................................Postcode.....................................

Daytime telephone number .............................................. Date of Birth ...............................

Email .....................................................................................................................................

School Salud Patient ID /NHS Number (if known) ...........................................................................................

**If the name or address has changed since attendance at Bristol Dental School, please give details below.**

Previous name......................................................................................................................

Previous address...................................................................................................................

..........................................................................................Postcode…..................................

**2. DETAILS OF INFORMATION REQUESTED**

Information in respect of treatment for: (please state the department attended e.g. Urgent Care/ Restorative/ Oral Surgery/ Orthodontics) please provide as much detail as possible to enable us to review your records for release.

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Date range: ...........................................................................

Radiology Images (X-Rays) required: **Yes / No**

Images may be sent by secure post or encrypted e mail. If by email you will be required to register with the NHS secure email service to view your images. See Section 7 for link.

**3. 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.....................................................................................................................................

**4. 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 5 below to provide consent or;
3. The parent OR person acting in loco parentis to the patient who is under 16 (see 6.3) or;
4. The person who is acting on the patient’s behalf, as the patient is incapable of making or understanding the request (see 6.3). In this case section 5 below may be omitted.

Signed .............................................................................. Date..........................................

**5. AUTHORISATION *(If the patient lacks capacity this section may be omitted)***

**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 University of Bristol Dental School 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..............................................

**6. DOCUMENTATION REQUIRED**

**6.1.** 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**

**6.2.** Postal release address check: For all postal releases we require a copy of evidence of the current address:(This will not be required if you have already provided your driving license with your current address.)

**Bank statement** or **Household bill dated within last 3 months.**

**6.3.** 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**

**(see below)**

**7. ACCESSING OPTIONS FOR CASENOTES OR IMAGES - *Please choose one option only:***

***All copies of notes will be provided via secure email unless stated otherwise below.***

I would like the records sent via secure email *(Free)*

*A pdf guide with more information on receiving secure NHS email is available via this link:*

[Accessing Encrypted Emails Guide for non-NHSmail users – NHSmail Support](https://support.nhs.net/knowledge-base/accessing-encrypted-emails-guide-for-non-nhsmail-users/)

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

*Please note we will require evidence of current address (see 6.2) and there may be a cost per page printed which will be advised prior to release.*

I would like to collect paper copies of the records in person from Bristol Dental School.

*Please note, photographic proof of ID will be required upon collection, and we will not release documents to anyone other than yourself.  There may be a cost per page printed which will be advised prior to release.*

**Radiology images** may be printed or converted into PDF.

If sent by email, a password to access the images will be provided to ensure the security of your personal data.

Cone beam CT scans cannot be printed or converted into PDF. These will be sent by mail on a data stick where possible a relevant charge may apply (please enquire for current costs). At this time, we are unable to release these records in any other format due to technical limitations.

**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 COMPLEXITYAND ANY CLINICAL REVIEW REQUIREMENTS.**

**Your Checklist:**

|  |  |
| --- | --- |
|  | Is your contact information correct |
|  | Have you completed all the relevant sections? |
|  | Have you enclosed acceptable identification |
|  | Have you signed the form? |

**WARNING:**

**It is a criminal offence to make false or misleading statements in order to obtain information.**

**Please email or post your completed form to:**

**University of Bristol Dental School Patient Services:**

*Access to Records Bristol Dental School*

*1 Trinity Quay*

*Avon Street*

*Bristol*

*BS2 OPT*

*Alternatively, you can get help completing the form from Patient Administration.*

Email: [bds-informationrequest@bristol.ac.uk](mailto:bds-informationrequest@bristol.ac.uk)

Tel: 0117 374 6647

**Evidence of Parental Responsibility:**

**Your child's consent**

We need your child’s consent if they are capable of giving this. We will assume that children aged 13 or over are capable of consent, unless there is evidence otherwise. Please include their consent in writing stating they are happy for the information you have requested about them to be released to you. If you consider the child lacks capacity to provide their consent, please contact us to let us know. We may consult with a social care professional for advice.

**Requests from birth parents**

If you’re the child’s birth parent with parental responsibility, you need to send a copy of the child’s birth certificate together with your own proof of identification.

Your proof of identification must match the parent information on the birth certificate.

**Requests from other people with parental responsibility**

If you’re not the child’s birth parent but have parental responsibility, you need to provide a copy of the relevant parental responsibility agreement. For example, this might be an adoption certificate.

You also need to provide proof of your own identification.

**Requests from other people**

If you do not have parental responsibility, you will need to provide proof of your authority to act. For example, this might be evidence of consent from a child with capacity, or consent from a parent where the child lacks capacity.

You also need to provide proof of your own identification.

**Proof of your identity (see section 6)**

To help us establish your identity, your application must be accompanied by copies of 2 official documents which between them show your name, date of birth and current address. For example: a copy of a passport, a driver’s licence, a utility bill, a council tax bill, or any other official document which shows your name and address.

**Do not send original documents**

We advise you to send copies of official documents by post. Use a service that tracks and records delivery.

If you do not have any of the documents we have asked for, please contact us before you complete the form.