ACCESS TO INFORMATION REQUESTS, HEALTH RECORDS & SUBJECT ACCESS REQUESTS POLICY & PROCEDURE

Policy Details

Title of policy	Access To Information Requests, Health Records & Subject Access Requests Policy & Procedure
New or Revised	Revised
Policy category **Eg, Clinical, HR, Non Clinical**	Non-Clinical
Executive Director Lead	Executive Director of Strategy & Business Development
Policy Lead / Author	Executive Director of Strategy & Business Development
Committee / Group responsible for approval	Integrated Govenance Committee
Date policy ratified	17 June 2026
Next review date	17 June 2029
Implementation plan	Uploaded to Vantage for attestation to the following read groups: PCNS (Palliative Care Nurse Specialists) Senior Clinical Team Clinical Admin Team Senior Leadership Team Palliative Medicine IPU HCAs (Health Care Assistants) IPU RGNs (Registered Nurses) Queenscourt at Home Connect Therapy Team Education & Transform Team Fundraising HR
Internal HR Reference	

Version History

Version	Date	Changes Summary
V2	June 26	Updated with role titles and data protection complaint

1. INTRODUCTION

1.1 The UK General Data Protection Regulation (GDPR), the Data Protection Act 2018 (DPA 2018) and Data Use and Access Act 2025 (DUAA) provides legislation for data in the UK where an organisation is processing personal data.

1.2 This guidance sets out a range of circumstances in which health professionals may receive, and respond to, requests for access to health records.

1.3 The Act applies to paper health records as well as electronic records of all living patients.

1.4 The Access to Health Records Act 1990 applies only to the records of deceased patients and to any application for access to health records made before 1 March 2000.

1.5 Legislative changes to the Data Protection Act 2018 also amended the Access to Health Records Act 1990 which now states access to the records of deceased patients and any copies, must be provided free of charge.

1.6 Where a living person is requesting access to their notes, it is preferable to meet with the person requesting notes in the presence of the Medical Director to allow questions and support to be offered.

1.7 The Executive Director of Strategy & Business Development is the Senior Information Risk Owner (SIRO) at QCH who identifies and provides assurance around information risk and reports to the Board of Trustees.

1.8 The Caldicott Guardian is responsible for the safeguarding and governance of patient information within QCH, as well as data flows to other organisations and bodies to satisfy the highest practical standards for processes accessing, handling and managing patient information.

1.9 The Data Protection Officer for QCH is Camilla Bhondoo - Head of Risk Assurance and Data Protection Officer, Mid Mersey Digital Alliance, who monitors compliance with data protection policies and provides expert knowledge to QCH.

2. POLICY

2.1 One of the aims of the UK GDPR is to empower individuals and give them control over their personal data. The UK GDPR includes right of access, the right to rectification, the right to erasure, the right to restrict processing, the right to data portability, the right to object and the right not to be subject to a decision based solely on automated processing,

2.2 Individuals are informed why QCH processes their data, the retention period of their data, if data is shared with anyone outside of QCH and what safeguards are used to protect the information when transferring to third parties. This information is included in the QCH Fair Processing Notices.

2.3 The right of access, commonly referred to as subject access, gives individuals the right to obtain a copy of what information is recorded about them, confirmation of how the information is used and access to the information.

2.4 Requests for information can be made verbally or in writing by

- 2.4.1 the patient
- 2.4.2 a person **authorised in writing** by the patient
- 2.4.3 any person appointed by the court to manage the affairs of a patient deemed to be incapable
- 2.4.4 a personal representative of a deceased patient or any person having a claim arising from the death

2.5 QCH will verify the identity of individuals requesting information and/or ask for evidence to act on behalf of an individual from Third Party applicants

2.6 Access is withheld unless the **holder of the record** is satisfied that the patient is capable of understanding the nature of the application.

2.7 Patients are informed of their rights to see their records, at the discretion of the Health Professional responsible for their care.

2.8 The relative and carer communication sheet and any information about third parties does not form part of the patient record for the purpose of access to health records.

2.9 All applications should be made to the Executive Director of Strategy & Business Development in writing.

2.10 If the patient record is shared record between another organisation and Queenscourt then a separate request must also be made to the other organisation by the requestor.

2.11 Access requests by children are considered by the nature of the personal information, the level of maturity and ability to understand data requested. Access will be denied

- 2.11.1 if the patient does not consent to the application
- 2.11.2 if the patient requests, that after their death, access is not to be granted to anyone, and this has been recorded in their records

2.8 Access is partially excluded:

- 2.8.1 Where, in the opinion of the holder, the information is likely to cause serious harm to the physical/psychological health of the patient or any other individual
- 2.8.2 where access would disclose information provided by an individual other than the patient, which would identify that individual, unless the individual consents or is a health care professional involved in the care of the patient
- 2.8.3 If the patient requests, that after their death, access to some information is not to be granted to anyone, and this has been recorded in the records

2.8.4 where an application is made by an individual having a claim arising from a patient's death and in the opinion of the holder, the requested information is not applicable to the claim

2.9 Access is given to appropriate health care professionals, at the discretion of the qualified staff. The records are not removed from Queenscourt Hospice on these occasions.

2.10 Access is given for SARs within one month, following confirmation of ID (2.2). This may be extended up to a further 2 months if the request is complex. The Requester will be informed of the extension and the reason for it within the original one-month period.

2.11 Access to Health records will be given within 40 days.

2.12 Time will pause when clarification on the request is required.

2.13 The response period can be extended within clearly defined circumstances eg complexity or number of requests. The requester will be informed of the extension and the reason for it within the original one month period.

2.14 In certain circumstances QCH may rely on the exemption under Schedule 2, part 4, paragraph 22 of the DPA 2018, and the requester will be informed without undue delay and within one month of receipt of the request. They will be informed of the reason for refusal and their right to make a complaint to the Information Commissioners Office (ICO).

a) where the disclosure would reveal information about confidential internal organisational changes/strategy not yet in public domain
b) data processed for the purpose of providing reasonable adjustments and managing an employee's work environment reveal confidential disability assessments.
c) Legal Professional Privilege (Schedule 2, para 19 DPA 2018)
d) Third party data data
e) Prejudice to Negotiations
f) Crime & taxation exemptions
g) Regulatory or supervisory functions
h) Safeguarding
i) Confidential references
j) Manifestly unfounded or excessive requests

2.15 In most cases, there is no fee to comply with an access request. However, you may be charged a "reasonable fee" for the administrative costs of complying with the request if manifestly unfounded or excessive/repeat requests. Fees will be considered on a case-by-case basis.

2.16 QCH complies with The Information Commissioners Office A guide to Subject Access

3 PROCEDURE

3.1 The Executive Director of Strategy & Business Development Director sends or issues the appropriate application form and declaration to requestor.

3.2 The Executive Director of Strategy & Business Development sends confirmation of receipt of completed form to requestor **within 3 working days** of receipt.

3.3 Verify the identity of individuals requesting information and/or ask for evidence to act on behalf of an individual from Third Party applicants

3.4 The Executive Director of Strategy & Business Development discusses the application with Medical Director and seeks advice from the Information Governance team/Data Protection Officer at Mid Mersey Digital Alliance before **deciding on full or partial access to records**.

3.5 The Caldicott Guardian (CG) will issue final approval for the request, after completing the CG Decision Making Template.

3.6 If required, an appointment with the Medical Director and requestor will be made in order to go through the health record and a copy given.

3.7 Records must be posted using recorded delivery, sent via secure email or uploaded to a secure website.

4. COMPLAINTS

4.1 Individuals have a right to complain under the Data Use and Access Act 2025. Queenscourt Hospice takes all complaints very seriously and they are dealt with by Senior Management in accordance with our Complaints Policy & Procedure. The complaints procedure is primarily for anyone who is a patient or who is acting on behalf of a patient. It is also available to any member of the public affected by, or likely to be affected by, an action, omission, decision of Queenscourt, or a data protection complaint.

3.8 A complaint can be made verbally, in writing, by email or social media channels to:

Executive Director of Strategy and Business Development
Queenscourt Hospice
Town Lane,
Southport
PR8 6RE
Email: hospice@queenscourt.org.uk
Tel: 01704 544645

Or

The Information Commissioner's Office (ICO)
Wycliffe House, Water Lane
Wilmslow, Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

CONFIDENTIAL

1.1.1 REQUEST FOR ACCESS TO HEALTH RECORDS APPLICATION FORM

Details of person whose information is requested:			
SURNAME			
FIRST NAME(S)			
ADDRESS			
POST CODE			
TELEPHONE NO			
DATE OF BIRTH			
SEX (M/F)			
If the name and/or address was different from the above during the period(s) to which the application is related, please give details:			
PREVIOUS SURNAME	1.	2.	
PREVIOUS ADDRESS			
Supporting information (e.g., reason for attendance, nature of treatment etc)			
DECLARATION: Please complete one of the following sections:			
I declare that I am the named patient and that the information given on this form is correct to the best of my knowledge	Signature	Print name	Date
I declare that I am acting on behalf of …… (print name) and that I am authorised to make this application and that the information given on this form is correct to the best of my knowledge	Signature	Print name	Date
Address to which correspondence should be sent			
Authorisation must be sought from the named patient. I declare that I am the patient and I authorise the person named above to have access to my health records. (Not required where the applicant has	Signature	Print name	Date

parental/ legal responsibility for the patient)			

All applications must be returned to:

Executive Director of Strategy & Business Development
Queenscourt Hospice
Town Lane
Southport
PR8 6RE

Acceptance and processing of this application will be acknowledged within 3 working days

2 CONFIDENTIAL

2.1.1 **REQUEST FOR ACCESS TO HEALTH RECORDS OF A DECEASED PERSON APPLICATION FORM**

Details of deceased person whose information is requested:			
SURNAME			
FIRST NAME(S)			
ADDRESS			
POST CODE			
TELEPHONE NO			
DATE OF BIRTH			
SEX (M/F)			
If the name and/or address was different from the above during the period(s) to which the application is related, please give details:			
PREVIOUS SURNAME	1.	2.	
PREVIOUS ADDRESS			
Supporting information (e.g., reason for request, nature of treatment etc)			
Name of applicant	Signature	Print name	Date
DECLARATION: Please complete one of the following sections:			
I declare that I am the personal representative of …….. (deceased name) and that I am authorised to make this application and that the information given on this form is correct to the best of my knowledge	Signature	Print name	Date
Address to which correspondence should be sent			

All applications must be returned to:

Executive Director of Strategy & Business Development
Queenscourt Hospice
Town Lane

Southport
PR8 6RE

Acceptance and processing of this application will be acknowledged within 3 working days.

3 CONFIDENTIAL

3.1.1 REQUEST FOR ACCESS APPLICATION FORM

Details of person whose information is requested:			
SURNAME			
FIRST NAME(S)			
ADDRESS			
POST CODE			
TELEPHONE NO			
DATE OF BIRTH			
SEX (M/F)			
If the name and/or address was different from the above during the period(s) to which the application is related, please give details:			
PREVIOUS SURNAME	1.	2.	
PREVIOUS ADDRESS			
Supporting information (e.g., reason for request, nature of treatment etc)			
Name of applicant	Signature	Print name	Date
Address to which correspondence should be sent			

All applications must be returned to:

Executive Director of Strategy & Business Development
Queenscourt Hospice
Town Lane
Kew
Southport
PR8 6RE

Acceptance and processing of this application will be acknowledged within 3 working days

Information/Data Sharing Decision template.
For recording Caldicott Guardian queries / advice / information sharing decisions

What pieces of law have been considered? (e.g. Data Protection Act, Common Law etc)

What professional guidance has been considered? (e.g. General Medical Council)

How have the Caldicott Principles been considered and satisfied?

1. Justify the purpose (s)
2. Don't use personal confidential data unless it is absolutely necessary
3. Use the minimum necessary personal confidential data
4. Access to personal confidential data should be on a strict need-to-know basis
5. Everyone with access to personal confidential data should be aware of their responsibilities
6. Comply with the law
7. The duty to share information for individual care is as important as the duty to protect patient confidentiality
8. Inform patients and service users about how their confidential information is used

Who have I talked to? (Including professionals, sources of advice, the individual or their relatives)

Is the information presented sufficient to make a decision or is more needed? Is urgency a factor?

What is the rationale for the decision? (How are the different factors involved being considered)

What is the decision?
(Including: how it is to be implemented & whether it has been shared with the individual(s))

Equality Impact Assessment

Queenscourt is dedicated to ensuring that equality, diversity and integrity is at the core of the organisation. Queenscourt is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as an employer. The hospice believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Equality Analysis			
Title of Document:	Access to Information Requests – Policy and Procedure		
Date of Assessment:	17 June 2026	**Name of person completing assessment**	Sam Hawksley
Service Area Director:	EDSBD	**Job Title:**	EDSBD

Does the application of this document content affect one group or more less favourably than other group(s) on the basis of their:		**Yes / No**	**Justification / evidence and data source**
1	Age	No	
2	Disability (including learning disability, physical, sensory or mental impairment)	No	
3	Gender reassignment	No	
4	Marriage or civil partnership	No	
5	Pregnancy or maternity	No	
6	Race	No	
7	Religion or belief	No	
8	Sex	No	
9	Sexual orientation	No	
Human Rights – are there any issues which might affect a person's human rights?		**Yes / No**	**Justification / evidence and data source**
1	Right to life	No	
2	Right to freedom from degrading or humiliating treatment	No	
3	Right to privacy or family life	No	