

## Patient Access to Medical Records and Subject Access Request Policy

Version: 2026.05  
Dated: 15/05/2026



# Patient Access to Medical Records and Subject Access Request Policy

Version:	Review date:	Edited by:	Approved by:	Comments:
2024.1	24/01/2024	SJR	SJR	
2025.02	27/02/2025	NMR	NMR	
2026.05	15/05/2026	NMR	NMR	Updated details around verification

## Table of Contents

1. What Constitutes a Health Record?	4
2. Patient Access to Medical Records Policy	4
3. Fees	4
4. Which clinician should be consulted for information?	4
5. Verification and Validation	5
6. Identification	5
7. Denial or Limitation of Information	5
8. Former Patients Living Outside the Jersey	5
9. Parental Requests for Information pertaining to their Children	5
10. Complaints	6
11. Subject Access Request Process Map	6
12. Subject Access Request Form (Example)	7



## Introduction

---

The law states that we must, when requested by an individual, give that person access to their personal health information, and occasionally, certain relevant information pertaining to others. In order to do this, we have procedures in-place that allow for easy retrieval and assimilation of this information.

The Data Protection (Jersey) Law 2018 (DPJL) allow the right of the individual to request information held on their personal health record.

Where the request for information by an individual falls under the legislation of any of these laws, access must be granted. Patients requesting information about their own personal medical records would usually have their request dealt with under the provisions of the DPJL.



## 1. What Constitutes a Health Record?

A health record could include, and not exhaustively, hand-written clinical notes, letters between clinicians, lab reports, radiographs and imaging, videos, audio-recordings, photographs and monitoring printouts. Records can be held in both manual or computerised medias.

## 2. Patient Access to Medical Records Policy

This scope of the DPJL and GDPR legislation includes the right of patients to request information on their own personal medical records. Requests for information under the legislation must:

- Be in writing (written or electronic) to the controller. In certain circumstances, verbal requests may be accepted where the individual is unable to put the request in writing (this must be noted on the patient health record);
- Be accompanied with sufficient proof of identity to satisfy the controller and to enable them to locate the correct information (where requests are made on behalf of another, the data controller must satisfy themselves that correct and adequate consent has been given);

The controller will then check whether all the individual's health record information is required or just certain aspects. For this purpose the use of a Subject Access Request Form may be advised.

There is no fee charged for a Subject Access Request, unless;

- Where an information request has been previously fulfilled, the controller does not have to honour the same request again unless a reasonable time-period has elapsed. It is up to the controller to ascertain what constitutes as reasonable.
- Requests for health records information should be recorded internally and fulfilled within 4 weeks (unless under exceptional circumstances - the applicant must be informed where a longer period is required). Information given should be in a manner that is intelligible to the individual.

## 3. Fees

**Data Subject Access Requests (View or Copy): Free of Charge**

**Third Party Requests (Copy of Records - Not Subject Access Request): £50.00 Fixed Fee**

If the request is onerous or repeated then a fee of up to £50 may be applied, the applicant must be informed of this fee in advance of providing the information requested.

## 4. Which clinician should be consulted for information?

The correct clinician to be consulted about an individual's information should be:

- The clinician who is currently, or was most recently, responsible for the clinical care of the individual in connection with the information which is the subject of the request; or
- Where there is more than one such clinician, the one who is the most suitable to advise on the information which is the subject of the request.



## 5. Verification and Validation

The Controller should verify and validate the reason for the request, either through the information provided within the request itself or by contacting the data subject to validate the request.

This should also apply to Third Party (Legal/Insurance/Government/Police) Access Requests, for example perhaps only a period of a patient's record is appropriate for an insurance claim rather than the complete record from birth.

## 6. Identification

The controller shall take reasonable steps to verify the identity of any data subject making a request under the Law and, where it is reasonable and proportionate to do so (for example where special category data is involved, where there is doubt as to the requester's identity, or where disclosure could result in unauthorised access to personal data), may require formal proof of identity, such as a passport, driving licence, or other official documentation. Each request should be considered on a case by case basis and, where required, verification requirements must be carefully considered and documented.

Third Party Organisations (Legal/insurance/Government/Police) are expected to have completed their own identity checks and have these held on file. Any discrepancy with requests with identification should then refer to the validation process.

## 7. Denial or Limitation of Information

The controller may deny or limit the scope of information given where it may fall under any of the following:

- The information released may cause serious harm to the physical or mental health or condition of the individual or any other person, or
- The disclosure would also reveal information relating to or provided by a third person who has not consented to that disclosure unless:
  - The third party is a clinician who has compiled or contributed to the health records or who has been involved in the care of the individual;
  - The third party, who is not a clinician, gives their consent to the disclosure of that information;
  - It is reasonable to disclose the information without that third party's consent.

Inability to identify the data subject or their representative may also warrant a denial.

A reason for denial of information does not have to be given to the individual, but must be recorded.

## 8. Former Patients Living Outside the Jersey

Patients no longer resident in Jersey still have the same rights to access their information as those who still reside here, and must make their request for information in the same manner.

Original health records should not be given to an individual to take abroad with them, however, the Practice may be prepared to provide a summary of the treatment given whilst a patient of the Practice resident in Jersey.

## 9. Parental Requests for Information pertaining to their Children



Parents will normally have responsibility for accessing the health records of their children, however, care must be taken to obtain the consent of the child where necessary (16 and 17-year-olds are seen as adults in relation to confidentiality, and their consent would be necessary). It is important to be aware that children between 13 and 16 who have capacity and understanding for decision-making should also have their confidentiality respected, however, they should be encouraged to involve parents and guardians in their healthcare matters.

## 10. Complaints

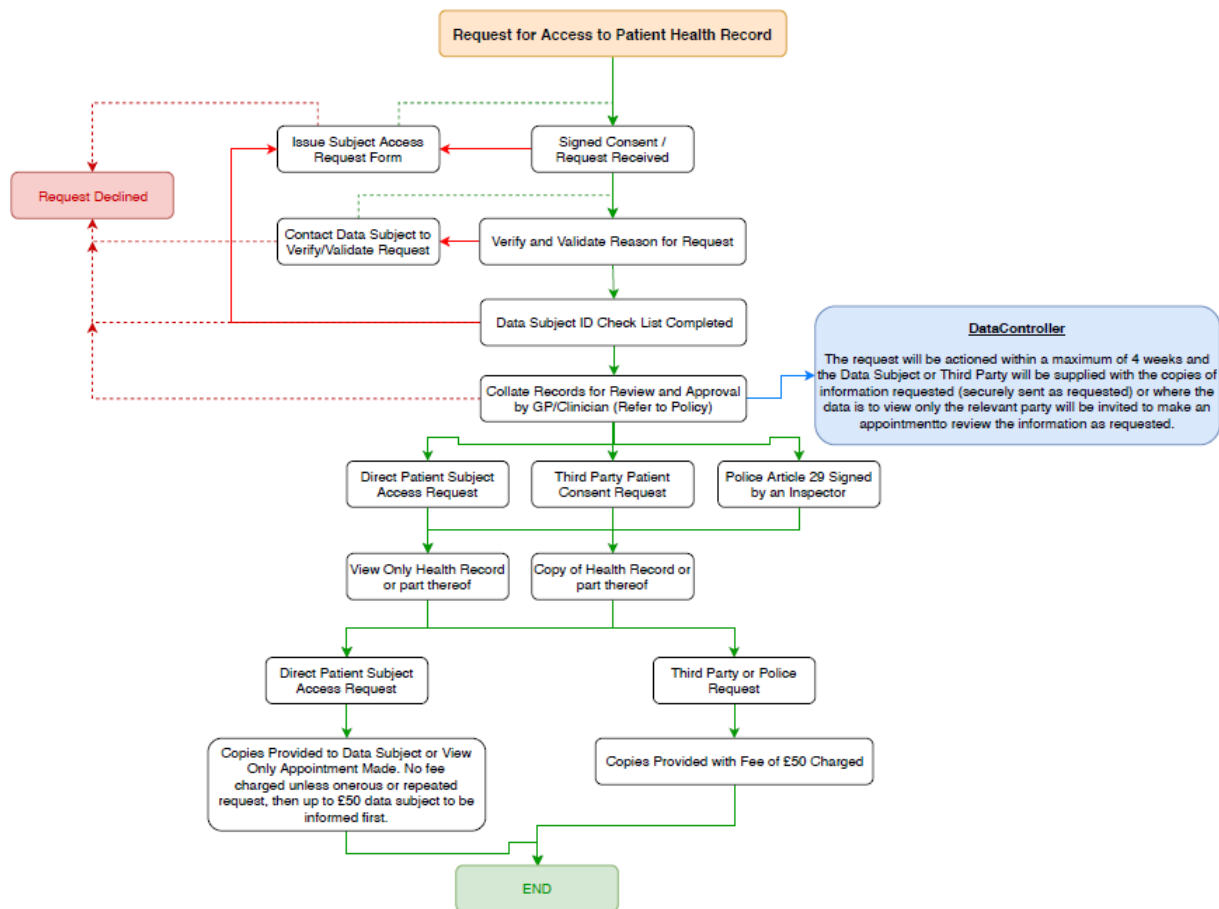
**Cleveland Clinic (2008) Limited** has procedures in place to enable complaints about access to health records requests to be addressed.

The following channels are used to field any complaints regarding the access of health records at the Practice:

- Firstly, the Practice Manager or Clinician involved should arrange to have an informal meeting with the individual to try to resolve the complaint locally;
- If the issue remains unresolved, the patient should be informed that they have a right to make a complaint in accordance with the Practice Complaints Policy.

Sometimes the patient may not wish to make a complaint through the Practice Complaints Procedure and instead, take their complaint direct to the Jersey Office of the Information Commissioner (JOIC) if they believe the Practice is not complying with their request in accordance with the DPJL. Alternatively, the patient may wish to seek legal independent advice.

## 11. Subject Access Request Process Map



## 12. Subject Access Request Form (Example)

SURGERY NAME		SURGERY LOGO	
Patient Medical Records – Subject Access Request Form			
<b>1. Details of the Person the Request is About (Data Subject)</b>			
Title:	Miss / Mr / Mrs / Ms / <del>Msx</del> / <del>Msx</del> /	Given Name(s):	
Family Name:		Previous Family Name:	
Date of Birth:		Gender Identity:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Other
Current Home Address (1):		Mobile Telephone:	
		Home Telephone:	
		Email Address:	
Post-Code:		Jersey SSD Health Insurance Number:	
<b>2. Previous Home Address</b> (Please provide residence address for the period to which the request refers. Further space is provided on the next page)			
Previous Home Address & Post-Code (2):		Previous Home Address & Post-Code (3):	
Date From / To:		Date From / To:	
<b>3. Third Party Request Details</b> (If the information is being requested on behalf of the data subject)			
Title:	Miss / Mr / Mrs / Ms /	Given Name(s):	
Family/Company Name:		Date of Birth:	
Address & post-Code:		Mobile Telephone:	
		Home Telephone:	
		Email Address:	
<b>4. Third Party Relationship to the Data Subject</b>			
<input type="checkbox"/> I am the patient's personal representative (please attach proof of relationship, see section 3 for further details) <input type="checkbox"/> I am the executor of the estate (please attach confirmation of your appointment) <input type="checkbox"/> I have been designated the administrator of the data subject (please attach confirmation of your appointment) <input type="checkbox"/> I have a claim arising from the data subject's death (please provide details of this claim below)			
<b>5. Proof of Identity</b> (for Data Subject and/or Third Party)			
It will be necessary to confirm the identity of ALL parties included on this form. Please supply an original document from sections A and B below and ALL relevant documents from Section C and D with the application if relevant with this form to be checked and verified (copies are not retained):			
Section A:	<input type="checkbox"/> Passport <input type="checkbox"/> Full Driving License <input type="checkbox"/> National Identity Card		
Section B:	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank/Credit Card Statement <input type="checkbox"/> Income Tax/Social Security Notice		
Section C:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Deed Poll Certificate <input type="checkbox"/> Other Legal		
Section D:	Confirmation that a third party can access the records of the data subject: <input type="checkbox"/> Proof of Relationship to subject (if personal representative) <input type="checkbox"/> Data Subject Signed Consent (see section 5) <input type="checkbox"/> Confirmation of appointment as executor of the estate of a deceased data subject <input type="checkbox"/> Confirmation of appointment of administrator of a deceased data subject		

SAR FORM V.001 (07/2018) | Page 1 of 2

<b>6. Information Being Applied for by the Data Subject</b>			
<input type="checkbox"/> I am applying for access to view my complete health record <input type="checkbox"/> I am applying for access to view part of my health record (please give dates below) <input type="checkbox"/> I am applying for copies to be provided of my complete health record <input type="checkbox"/> I am applying for copies to be provided of part of my health record (please give dates below)			
Date(s) From:		Date(s) To:	
Types of records you require:	<input type="checkbox"/> Consultations <input type="checkbox"/> Results/Reports <input type="checkbox"/> Correspondence <input type="checkbox"/> Referrals <input type="checkbox"/> Other		
How do you wish to receive it?	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Other		
Your Usual GP:			
Reason for your request: You do not have to provide a reason for applying for access to your health records. However, to help us save time and resources, it would be helpful if you could provide details in the space below on the elements or specific parts of your health record you require, along with any other details which you may feel have relevance to your request.			
<div style="border: 1px solid black; height: 100px;"></div>			
<b>7. Comments or Further Details In Relation to this Subject Access Request</b>			
<div style="border: 1px solid black; height: 100px;"></div>			
<b>8. Data Subject and Third Party Representative Declaration</b>			
Your declaration to us:			
<ul style="list-style-type: none"> <li>I confirm that all the information provided in this form is accurate and true to the best of my knowledge.</li> <li>I hereby consent to the Practice providing this information to me or where the form has been completed, to my appointed Third Party Representative named in this form above and signed by them below in accordance with Data Protection Law.</li> </ul>			
Signed (Applicant):	Print Name:	Dated:	
Signed (Third Party):	Print Name:	Dated:	
<b>For Practice Use Only</b>			
Date Form Received:		Received By:	
Data Subject ID Verified:		Third Party ID Verified:	
Reason for Request Validated:		Further Validation Requested:	
Information Reviewed by GP:		Information Provided:	
SAR Closed Date:		SAR Documents Scanned Date:	

SAR FORM V.001 (07/2018) | Page 2 of 2

