

Access to Fertility Records

Information and Application Form



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: AE
Leaflet ref: FF 011
Version: 2
Leaflet title: Access to Fertility Records
Last review: February 2022
Expiry Date: February 2024



Background

Access requests for fertility records can be made by patients wishing to view their own records, or by an individual acting on the authority of the patient (for example, by written authorisation exercising parental rights or court appointment).

The patient's personal representative or someone with a claim arising from the death of the patient can make applications for access to a deceased person's fertility records.

Applications for requests to access fertility records should be made to the organisation holding the relevant records (named in this leaflet as the Record Holder). For example, this could be your hospital, general practitioner (GP) or private health care provider.

The application form for access to fertility records is at the end of this leaflet. One application per partner must be completed.

This is for records held by Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust.

Fertility Fusion

Please return either by post to:

Fertility Fusion
Wrightington Hospital
Hall Lane
Appley Bridge
Wigan
WN6 9EP

Or by E-mail to: info@fertilityfusion.co.uk

Rights

The Data Protection Act 2018 governs the request for the public to have access to their health records. This Act gives certain rights of access, but the Record Holder is entitled to withhold information considered to be detrimental to the physical or mental health of the patient or other person, or if it contains information given by a third party. The Record Holder does not have to disclose the fact that the information has been withheld.

You can ask for corrections to the records and you are entitled to a copy of the correction, or, if the record is not corrected, you are entitled to a copy of the Record Holder's note of the request and any discussion regarding this.

The Trust must respond to your application within one calendar month. However if a request is deemed to be complex this is extended by a further two calendar months. Complex requests are those which involve the retrieval, interrogation and electronic capture of any paper records.

Receiving or Accessing the Records

Records will be sent out to you in paper form via the postal service, or can be collected by prior arrangement at Fertility Fusion. If you would prefer to view the records please indicate this by ticking the box on the application form below. Complaints

If you would like to make a complaint about an Access to Fertility Record request please contact the Information Governance Department using the details below:

Information Governance Department
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Wrightington Hospital
Hall Lane
Appley Bridge
Wigan
WN6 9EP

E-mail: DPARRequests@wvl.nhs.uk

If you are not happy with the outcome of this, you can complain to the Information Commissioner's Office (ICO). Information can be obtained from the Information Commissioner's website on www.ico.gov.uk or by contacting:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Telephone 01625 545700

Confidentiality

Patients have a right to have their personal information kept confidential and Record Holders are obliged to be satisfied that an applicant who applies for access is the person they say they are or is otherwise entitled to access the records requested. The minimum security check would be confirmation of identity but we are entitled to request additional information in certain circumstances. This would be explained to you at the time of application.

Fees

People applying for copies of or access to medical records **may** be charged a fee if the request is deemed to be vexatious or repetitive.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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Call 111 first when it's less urgent than 999.



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Application Form to Request Access to Fertility Records

Please read the accompanying guidance: "Access to Fertility Records Information Leaflet" regarding the rights of access together with charges that may be associated with your application, to assist you in completing this application form.

DETAILS OF APPLICANT: Partner 1			
Surname:		Forename(s):	
Address:			
Email address:			
Telephone number:		May we leave an answer phone message?	Yes / No

Please tick the appropriate boxes:

- I am the patient and over the age of 16 years.
- I am acting on behalf of the patient (aged over 16). Please be advised that you will need to provide proof that you have power of attorney or are the legal representative.
- I am the deceased patient's personal representative and attach either letters of administration or a grant of probate
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that:

.....

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.....

Name of Patient:

Signature:

DETAILS OF THE PATIENT:

Surname:		Forename(s):	
Address:			
Date of birth:		Title:	Male / Female
NHS number:		Hospital number:	

If the name and / or address were different from above during the time period(s) to which the application relates - please give details below:

PREVIOUS DETAILS:		
Previous Surname:	1)	2)
Previous Address:	1)	2)
Applicable Dates:		

Do you wish to arrange an appointment to view the original records in the presence of a member of staff? Please note this will be a member of the Information Governance Team who is not medically trained.

YES / NO

Has the patient attended the fertility centre within the past 40 days?

YES / NO

.....

In order that we can process your application request efficiently would you please advise us if this application is in connection with an ongoing complaint against the Trust?

YES / NO

If yes, please enter your complaint reference number below:

.....

Declaration

I declare that the information supplied above is correct to the best of my knowledge and that I am entitled to apply for access to the above record(s) under the terms of the Data Protection Act 2018.

I enclose two forms of identification one of which is a photocopy of photographic identification, e/g passport, driving licence, the other is a utility bill dated within the last 12 months of date of application.

We cannot process your application without proof of identity.

Signature:

Date:

Please use this space to write notes or reminders.

Application Form to Request Access to Health Records

Please read the accompanying guidance: "Access to Fertility Records Information Leaflet" regarding the rights of access together with charges that may be associated with your application, to assist you in completing this application form.

DETAILS OF APPLICANT: Partner 2			
Surname:		Forename(s):	
Address:			
Email address:			
Telephone number:		May we leave an answer phone message?	Yes / No

Please tick the appropriate boxes:

- I am the patient and over the age of 16 years.
- I am acting on behalf of the patient (aged over 16). Please be advised that you will need to provide proof that you have power of attorney or are the legal representative.
- I am the deceased patient's personal representative and attach either letters of administration or a grant of probate
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that:

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Name of Patient:

Signature:

DETAILS OF THE PATIENT:				
Surname:		Forename(s):		
Address:				
Date of birth:		Title:		Male/Female
NHS number:			Hospital number:	

If the name and / or address were different from above during the time period(s) to which the application relates - please give details below:

PREVIOUS DETAILS:		
Previous Surname:	1)	2)
Previous Address:	1)	2)
Applicable Dates:		

Do you wish to arrange an appointment to view the original records in the presence of a member of staff? Please note this will be a member of the Information Governance Team who is not medically trained.

YES / NO

I would prefer to receive the records as paper copies.

YES / NO

Has the patient attended the fertility centre within the past 40 days?

YES / NO

.....

In order that we can process your application request efficiently would you please advise us if this application is in connection with an ongoing complaint against the Trust?

YES / NO

If yes, please enter your complaint reference number below:

.....

Declaration

I declare that the information supplied above is correct to the best of my knowledge and that I am entitled to apply for access to the above record(s) under the terms of the Data Protection Act 2018.

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4. What are my options?
5. What are the positives and negatives of each option for me?
6. How do I get support to help me make a decision that is right for me?



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