

## Outpatient notes request form

The Data Protection (Bailiwick of Guernsey) Law, 2017 gives you the right to access your medical records held by the MSG and requires that the information they contain is accurate and secure. We have our own filing system which is separate from the Princess Elizabeth Hospital or Primary Care GP practices, and which is for outpatient notes only. Any information processed or required for your episode of care is recorded in your outpatient notes. If you would like access to your inpatient notes, please contact HSC's Medical Records Department on 01481 725241.

If you wish to make a full data subject access request, which includes any emails about you, finance department records and your patient registration form if we have one, as well as your outpatient notes, please use the '[Data subject access request form](#)' on our website.

Just as with a data subject request please submit your outpatient notes request in writing to Alexandra House, Les Frieteaux, St Martin, GY1 3EX, or electronically via email to [privacy@msg.gg](mailto:privacy@msg.gg) after confirming your identity through a form of ID, such as passport, driver's licence etc.

We expect to respond to your request within one month of receipt of a fully completed form and proof of identity. If we are not able to respond within one month, we will write to you to let you know why. If this is the case, we will send you our full response within three months of your request.

In addition to exercising your access right, the Data Protection Law also grants you the right to:

- Request that your personal data is corrected or, where circumstances allow, to be deleted.
- Restrict or object to certain types of data processing.
- Make a complaint to The Office of Data Protection Authority, which is Guernsey's supervisory authority for data protection purposes.

For more information on your rights under the Data Protection Law, see visit our online [Privacy notice](#) or speak to our Data Protection Officer.



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## 1. Name (data subject) and contact information

If you are making this request on a patient’s behalf, please provide your name and contact information in Section 3.

We will only use the information you provide on this form to identify you and the personal data you are requesting access to, and to respond to your request.

Please use CAPITAL LETTERS:

<b>First and last name</b>	
<b>Former name(s)</b>	
<b>Address</b>	
<b>Date of birth</b>	
<b>Telephone number</b>	
<b>Email</b>	

## 2. Proof of data subject’s identity

We accept a photocopy or a scanned image of either a driver’s license or passport as proof of identity.

We may request additional information from you and reserve the right to refuse to act on your request if the identification provided proves unsatisfactory.

## 3. Requests made on a data subject’s behalf

Please complete this section of the form with your name and contact details if you are acting on a patient’s behalf.

<b>First and last name</b>	
<b>Address</b>	
<b>Date of birth</b>	
<b>Telephone number</b>	
<b>Email</b>	

We will need proof of your identity and your legal authority to act on behalf of the patient. We accept a photocopy or a scanned image of your driver’s license or passport.



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As proof of your legal authority to act on the patient’s behalf we accept either a written consent signed by the patient (the data subject), a certified copy of a Power of Attorney, or evidence of parental responsibility.

Please state below the evidence you are enclosing with this form to (a) verify your identity and (b) prove your legal authority to act on behalf of the above-named patient:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

#### 4. Information requested

To help us process your request quickly and efficiently, please provide as much detail as possible about the information you are seeking. Please include time frames, dates, department, types of documents, or any other information that may help us identify the information you require.

Please enter the details of the information requested here:

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We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request “all information about me”). We will begin processing your access request as soon as we have verified your identity and have all of the information we need to locate your personal data.

If the information you request reveals personal data about a third party, we will take out such third parties’ personal data before responding. If we are unable to provide you with access to your personal data for certain reasons such as disclosure adversely affecting the rights and freedoms of third parties, we will notify you of this decision.

Applicable law may allow or require us to refuse to provide you with access to some or all of the personal data that we hold about you, or we may have destroyed, erased, or made your personal data anonymous in accordance with our record retention obligations and practices. If we cannot



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provide you with access to your personal data, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

### 5. Signature and acknowledgement

I, \_\_\_\_\_, confirm that the information provided on this form is correct and that I am the person whose name appears on this form. I understand that: (1) The Medical Specialist Group LLP must confirm proof of identity and may need to contact me again for further information; (2) my request will not be valid until The Medical Specialist Group LLP receives all of the required information to process the request; and (3) I am entitled to one free copy of the personal data I have requested, and acknowledge that for any further copies I request, The Medical Specialist Group LLP may charge a reasonable fee based on administrative costs.

If you would like to receive a copy of the requested outpatient notes, please indicate below whether you would like a printed or an electronic copy:

\_\_\_\_ Printed copy

\_\_\_\_ Electronic copy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 6. Authorised person signature

I, \_\_\_\_\_, confirm that I am authorised to act on behalf of the data subject. I understand that that The Medical Specialist Group LLP must confirm my identity and my legal authority to act on the data subject's behalf and may need to request additional verifying information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE SEND THIS FORM TOGETHER WITH THE NECESSARY PROOF OF IDENTITY TO [PRIVACY@MSG.GG](mailto:PRIVACY@MSG.GG) OR ALEXANDRA HOUSE, LES FRIETEAUX, ST MARTIN, GY1 3EX FOR THE ATTENTION OF THE **MSG PRIVACY TEAM**.