

Adults' Health and Care

YOUR INFORMATION

How we use your information
and how you can access your records

June 2017



Hampshire
County Council

www.hants.gov.uk

YOUR INFORMATION

Introduction

We recognise that people give us their personal information in trust and expect us to take care of it and to use it appropriately to ensure they receive the help they need. This booklet explains:

- how we use your information
- how you can give or refuse permission for your information to be shared
- how you can access information about you
- how you can ask for information about someone else.

If you have any enquiries relating to the content of this booklet, or to request access to adult social care records, contact:

**Adults' Health and Care Subject Access Requests,
Adults' Health and Care,
The Castle Winchester,
SO23 8UQ**

Tel: **0300 555 1386**

Email: **adult.services.sar@hants.gov.uk**

Calls to 0300 numbers from landlines or mobiles cost no more than a standard-rate national call from landlines. 0300 numbers are included in the 'free minutes' which are part of some telephone contracts.



About your information

What we record

When you contact the County Council, we will ask you for information about you and your situation and will keep what you tell us on your record. Records may be kept on computer and paper and may include records that may be accessed by authorised social care and NHS staff. Details of discussions about the help you need are added to your record as they happen, as well as the agreed plans for your care, details of services that we arrange for you, and our regular reviews of what you need. Copies of letters and records of phone calls are also stored in your record along with information we receive about you from anyone else, such as your doctor. We also keep details of your next of kin, other people who you wish us to contact or share your information with, as well as details of any payments made towards the cost of your care. We will not share your information with family members or other people you do not wish us to contact, provided you tell us about this.

How we use your information

We use your information to plan, arrange and review your individual care and support. We also use the information we hold about you and about other people who use our services to commission care and support services for Hampshire residents. This includes analysing information to look at which services are being used and when to help us plan and manage services and funding.

When you contact us, or someone contacts us on your behalf, we will use the details that you have given us to check your/their identity and entitlement to any information about you.

To facilitate your care

The County Council works closely with the NHS in order to provide you with services and support in a coordinated way. As part of this, County Council staff and NHS staff may collect information on behalf of one another and use joint records containing your social care needs as well as

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your health needs. The Hampshire Health Record (HHR) is an example of a joint record that holds selected health and social care information that can be accessed by authorised NHS staff and Adult Services staff. To find out more about the HHR, see

www.hantshealthrecord.nhs.uk or contact:

**Hampshire Health Record
NHS South CSU
OMEGA House
112 Southampton Road
Eastleigh
SO50 5PB**

If you do not want details about your social care to be included in the Hampshire Health Record, then please let us know on your 'Permission to Share' (consent) form.

To enable your care to be given, the County Council and NHS organisations need to share information about you with the people and organisations which provide your care. These include independent providers of services, such as care homes and home care agencies. In addition, the County Council contracts with organisations that provide telecare, and direct payments services. We will only share with each organisation the details they need in order to provide their services to you.

On the form we ask you to give your consent to sharing your information with other local authorities for the purpose of facilitating your care. Other local authorities are generally district councils that, for example, provide Disabled Facilities Grants and authorities that have responsibility for social care which, depending on the area, may be a county council or a unitary authority.

If you moved to another area legal responsibility for your care may move to that other authority and the Council therefore needs to provide information as to your needs to that authority as part of the transfer of responsibility to them for your care.

We may also ask independent organisations to monitor the service provided to you and will need to share some of your personal details to enable them



to do this. Such other organisations can only use the information provided to do what the County Council or NHS organisation have asked it to do. We need to know that you are receiving care as agreed with the care provider. An example of this, is the use of electronic monitoring of domiciliary care which is carried out by an independent company under contract to the County Council.

When we talk about NHS organisations, we generally mean those involved in your care at a particular time: for example, your GP, community health services, hospitals, ambulance services.

We will only share with each organisation the details they need in order to provide their services to you, unless otherwise permitted by law.

Other services and types of support

If you give us permission, we will share your contact details with other organisations who provide services and support that are individual to you such as, housing advice from a housing association or your local district council, benefits advice from the Department of Work and Pensions, and meals delivery and befriending services from independent and voluntary organisations.

If relevant, as in the case of a health check, we will also share your NHS number with the organisations who arrange this so that they may get in touch with you directly to offer to arrange a health check for you.

Hampshire Fire and Rescue provide free fire safety checks which we can help to arrange for you by sharing your contact details with them.

You are free to refuse any offers of follow up services and support that are made to you. The My Permission to Share form enables you to tell us who you want us to pass your details on to and anyone to whom you don't want us to pass on your details.

Planning and improving care services

To plan and improve services in your area, or nationally, local authorities, including local public health, and NHS organisations need to have information about their populations' social care needs, as well as their health needs.

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When we share information about you for the purpose of planning and improving services for the wider population, use of your NHS number enables us to bring different sets of information together. If you do give us your permission to use information about you to help make policy and inform decision making about services provided to everyone, this information will not be used to make decisions about your own care and support.

The NHS also includes clinical commissioning groups (CCGs). CCGs are the local organisations that make decisions about planning and arranging health services in your area. For example, it's the CCG who pays for the services the hospital provides to you.

Consent to share your information

'My Permission to Share' is the form which you can use to give your consent for social care, public health and NHS organisations to share your information, including with carers, friends or relatives.

You can state on the form whether or not you agree to your information being shared for the purposes of facilitating your care; receiving contacts from other organisations; and for planning and improving services. The form also allows you to make objections to specific people and/or organisations you **do not want** your information to be shared with. We will only share appropriate information about you with carers, friends, or relatives, where you have given us specific permission to do so.

You should tell us if there is anyone to whom you do not want us to pass on personal information.

Please be aware that we will need to share your information with providers of your care to enable care to be given to you and in order to meet your needs.

If you tick 'Yes' to your information being shared and you don't specify any objections, then we will take this as permission to share relevant information with the people and organisations that are providing (or monitoring) your care; and/or are offering additional/follow up services that may be of benefit to you; and/or the information about you will be used to plan and improve local services.



Refusing consent

You have the right to refuse permission to share some or all of your personal information with another person or organisation. We will discuss any concerns you may have about sharing your information with you, in case refusing to give your permission could restrict the services or support provided to you.

Sharing information without your consent

There are some circumstances where we will share your information without your consent. For example where information needs to be shared in order to protect vulnerable adults or children, where there is a court order requiring us to provide information, to protect someone in a life or death situation, where information is needed to detect, prevent or investigate a crime including matching personal data to help detect and prevent fraud and where otherwise permitted by law.

In each case, we make an individual decision about sharing information to protect people without their consent. Consideration will still be given to whether your permission can be obtained and whether there is a good enough reason to share your information without your permission.

People who are unable to give their consent

There are some people who receive services who are not able to give their consent to allow us to pass on personal information about them – for example, because they have severe learning disabilities or they are suffering from dementia.

In most cases a decision to share information will be made on a best interest basis to ensure the provision of care. Where there is a Welfare Deputy or Health and Welfare Attorney with the power to authorise sharing of data then they will be asked to consent on behalf of the individual.

Changing your consent

If you have any queries or would like to make a change to your consents for sharing your information, contact Hampshire County Council on **0300 555 1386**.

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Storing your information

We keep all records securely, and have strict rules for staff who deal with them. Only authorised employees can see records and only for the purpose of carrying out their work. Your records will be held by us for a specified length of time, depending on the type of service we provide to you. Some of these time periods are specified by law. However, where there is no relevant legislation, the times given are agreed by the County Council's Records Management Service.

Asking to see my own or someone else's records

It is our policy to discuss with you what we are putting in your records. This means that you can check that it is accurate and that you agree with it.

How do I apply to see my own Adult Social Care records? (This is referred to as a Subject Access Request)

I'm currently receiving services

If you are currently receiving services from us and have specific questions about your care or require specific information, you should first speak to the person who usually supports you. They will try to answer any questions you have and will advise you whether you need to make a formal request to view your records.

I'm not currently receiving services

If you are not currently receiving services from Adults' Health and Care (for example, if you received services in the past) you will need to make an application in writing. In these circumstances it would help us process your request if you could complete our application form.

If you wish to make a formal request to view your records, and for a copy of an application form (Subject Access Request Form), please contact Adults' Health and Care, Subject Access Requests on **0300 555 1386**.



Alternatively the Application form can be downloaded or accessed online at:

www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection/subjectaccessrequest

Please note that if your personal information is held by a private care agency or care home that you will need to apply to them directly.

Can I have my records in an alternative format?

Please let us know in advance if you would like the information we hold provided to you in an alternative format (for example, in large print).

What identification documents will I need?

We need to have proof of your identity before we can let you see your personal information. The proof of identity you provide will only be used to process your application and for no other purpose. When completing an application please provide copies of:

- Proof of your identity
- Proof of your address
- If you have changed your name, copies of the relevant documents

We accept copies of one of the following as proof of identity: passports, medical cards, driving licences, birth certificates and deed poll or marriage certificates if your name has changed.

We accept copies of one of the following as proof of address: Recent utility bill, bank statement or driver's licence.

Please do not send original documents

Applying to see records on behalf of someone who is unable to make the request themselves.

If someone using our services wishes to see their records but is unable to make their own request, you may be able to apply on their behalf.

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In order to consider your request you will need to provide evidence that you are legally entitled to do so. This will usually be evidenced in the following situations;

- You are the person named on a Deputyship order; or
- You have a registered Lasting Power of Attorney or Enduring Power of Attorney for them;
or
- You have written consent or a Form of Authority from them.

In addition to this we will also require both the service user's and your own identification and proof of address.

Seeing the records of someone who is deceased

It is the County Council's policy to maintain the confidentiality of a client's record even after death. If you are asking to see the records of someone who has died, you should apply in writing, or use our application form giving enough information for us to identify the records including the person's address when they were receiving a service from us.

You should also include information about yourself such as proof of your identity, your relationship to the person whose records you are asking to see and details of why you want to see the records.

If you are the executor of the person's will, have letters of Administration or hold the grant of probate documents, you should provide copies of this. A decision as to whether you can see the records you are asking for will be based on the information you provide.

Is there a charge for seeing my records?

There is a charge of £10 to see your records to help cover our administrative costs. Please make cheques payable to Hampshire County Council.

How quickly can I see my records?

We aim to disclose your records to you within 40 days of receiving a fully completed application, together with the necessary identification documents



and a cheque for the fee. The 40 day timescale will start when these documents have been received. If we have to ask you for further information to help us identify the records, the process may take longer than 40 days.

Please provide us with as much information as you can to help us process your request quickly. If you want us to contact other people (such as family members or your doctor) who have contributed to your records, to ask permission for you to see what they have said, it is helpful if you can provide up-to-date details of how we can contact them. We always take legal advice if we are asked for personal information by the courts or the police.

If we no longer hold your records, we will write to you to let you know.

How will I receive my records?

We will send you a paper copy of the records you have requested using secure delivery. This set of records will be for you to keep.

In some instances the information in your records may be edited. The reasons for this will be explained to you when your information is sent to you.

If you would like to receive your records in an alternative format (for example, in large print) or would like support with reading them, please contact the County Council to discuss on **0300 555 1386**.

What if I believe my records are wrong?

If factual details are wrong (such as your date of birth) we will correct them when you give us evidence of the correct information, indicating the changes you would like us to make.

If you disagree with what is written in your records – for example, if your view of what happened is different from what has been recorded - we will add your account of events to your file.

We have 21 days to make any changes to your records and we will write to you to tell you what action has been taken.

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Complaints

If you are not happy with any aspect of the services you have received from us or with the way you've been treated, speak first to the person you have been dealing with or their manager. If things can't be resolved this way, you can download a copy of 'Tell us what you think', which tells you what to do if you want to make a complaint, at: www.hants.gov.uk/adults-publications

You can also request a hard copy or make a complaint by calling Hampshire County Council's Adults' Health and Care department on: **0300 555 1386**.

Adults' Health and Care

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Tel: **0300 555 1386**

Email: adult.services.sar@hants.gov.uk

My Permission to Share

Details of how the County Council uses personal information are available on request and can be found in the Adult Services Your Information leaflet that will be given to me with this form.

(PRINT IN BLOCK CAPITALS)

Name: _____ DOB/Gender _____
Address: _____ Telephone: _____

Email: _____

NHS Number: _____
[Found on letters from your GP/hospital]
Post Code: _____ AIS Number: _____
[The County Council provide this]

In signing this form, I am agreeing to my information being shared as set out below.

1. Facilitating my care and/or support

I give my permission for appropriate information about me to be shared between Hampshire County Council, other local authorities, NHS organisations, independent providers, family and friends for the purpose of facilitating and monitoring my care and/or support, unless I tell you not to. This may include assessing my needs, planning my care, providing my care, and monitoring and reviewing my care.

This may also include sharing my information with independent organisations who provide a service to the local authority (for details, see the Your Information leaflet).

Yes to all

☐

No, see my objections below

☐

| Details of person & relationship / organisation | Comments |
|---|----------|
| | |
| | |
| | |

2. Other services and types of support

I consent to my contact details and/or NHS number being used so that I can receive optional follow up services from the local authority or other organisations that may be of benefit to me, such as a health check; a safety check from my local fire service; advice from a voluntary organisation, housing association or district council; and benefits advice from the Department of Work and Pensions.

Yes to all ☐ **No, see my objections below** ☐

| Name of organisation | Comments |
|----------------------|----------|
| | |
| | |
| | |

3. Planning and improving care services

I consent to the local authority and NHS organisations sharing information about me to plan, provide, and improve the care and services provided to everyone, as long as no steps are taken to identify me as an individual.

Yes ☐ **No** ☐

I have the right to change or withdraw my permission to share information about me. I expect the organisations that I notify to hold a record of My Permission to Share, which they will keep updated.

I expect that organisations who wish to share information about me to provide, in appropriate formats, details of:

- how they use personal information
- how I can access information they hold about me, and how to make a request for information about another person
- how I can change My Permission to Share, and who to contact if I have any queries.

The County Council will discuss any concerns I may have about sharing my information in case my refusal to give permission could restrict the services or support they can provide to me.

Email adult.services@hants.gov.uk

Telephone - 0300 555 1386 (Out of Hours - 0300 555 1373)

Signature box (a) for people who have capacity and can sign

| | |
|--|-------------------------|
| <p>I, _____</p> <p>consent to my information being shared as set out in this form.</p> <p>I have received the Your Information booklet, April 2014, which explains why and how Hampshire County Council shares people's information.</p> | |
| Signature: | Date: / / |
| Signed on behalf of Hampshire County Council | Name: |
| Signature: | Position/Role : |
| Date: / / | Office Address: |

Signature box (b) for people who have capacity but cannot sign

| | |
|--|-------------------------|
| <p>I, (person's representative / Key Worker) _____</p> <p>confirm that I am signing under the direction of</p> <p>(persons name) _____</p> <p>They have received the Your Information booklet, April 2014, which explains why and how Hampshire County Council shares people's information.</p> | |
| Signature: <i>(Key Worker / person's representative)</i> | Date: / / |
| Signed on behalf of Hampshire County Council <i>(if different from above)</i> | Name: |
| Signature: | Position/Role : |
| Date: / / | Office Address: |

Appendix 1. People who lack capacity

Section 1. For all people who lack capacity

I (*name of Key Worker*) being a key worker for (*person's name*), confirm that a Mental Capacity Act assessment has been carried out and state that they do not have capacity to consent to share their personal information.

Section 2. For people who have a Health and Welfare Attorney or a Health and Welfare Deputy

For people who have a Health and Welfare Attorney or a Health and Welfare Deputy who has the authority to consent to sharing of their personal information, then permission to share should be sought from the attorney/deputy and this form should be completed and signed by them.

I (*name of attorney/deputy*), being a Welfare Attorney under a Lasting Power of Attorney dated / / or Welfare Deputy Order dated / / with authority to consent to the sharing of personal information about the person named above, confirm that I consent to relevant information being shared with NHS and social care organisations for the purposes of facilitating their care, providing other support services, and to plan and improve services for them.

| | |
|--|-----------------|
| Signed: | Date: / / |
| Name: | Address: |
| In the presence of : | Office Address: |
| Signature: (<i>Adult Services Department Staff Name</i>) | |
| I confirm that I have had sight of the original LPA or Welfare Deputy Order and a copy has been taken for the Service User's record. | |
| Date: / / | |

Where a Health and Welfare Attorney or Deputy has not been appointed, or, where a Health and Welfare Attorney or Deputy has been appointed but they do not have the necessary authority to consent to sharing the person's information, a Permission to Share cannot be completed and any sharing of information must be as a result of a Best Interest Decision, and recorded accordingly. Please complete Section 3 below as appropriate

Section 3. For People Who Lack Capacity to Consent where there is no Welfare Deputy/Attorney with authority

I (*Key Worker name*), confirm that I have carried out a best interest decision and that it has been decided that it is in (*state person's name*) best interests to share relevant information about them for the purposes of facilitating their care, offering other services and support and to help plan and improve services for them.

Such information as will be shared will be kept to a minimum.

| Best Interests decisions attached | YES | NO |
|-----------------------------------|--------------------------|--------------------------|
| Decision 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| Decision 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| Decision 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| Practitioner signed name: | Dated: / / | |
| Print Name: | | |
| Address: | | |