



National Policy National Procedure National Protocol National Guideline
 National Clinical Guideline

HSE Guidance for Point of Care Data Access

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This document includes general recommendations and advice on how to respond to basic requests by service users for access to information in a care setting.

Scope

This document is intended to provide general advice and guidance on how to respond to basic requests by patients and service users (hereafter referred to as service users) for access to their information in a care setting.

The guidance is for all medical, nursing, health and social care professionals (hereafter referred to as healthcare workers).

Overview

One of the objectives of the National Healthcare Community Programme is a culture of sharing information. Sometimes misunderstandings about data protection can create unnecessary barriers to sharing information with patients.

A primary goal of the General Data Protection Regulation 2018 (GDPR) is to ensure that individuals can access their personal data as easily as possible. Specifically in the area of healthcare, Recital 63 includes “the right for data subjects to have access to data concerning their health, for example the data in their medical records containing information such as diagnoses, examination results, assessments by treating physicians and any treatment or interventions provided”.

The Data Protection Commission notes “data protection is a far broader area of law that in many cases has less to do with “privacy” (as that term might commonly be understood) and more to do with how people exercise control over their information. So, for example, in data protection law, the right of an individual to access a copy of his or her personal data is recognised as being of particular importance.”¹

It is a normal part of a consultation with a patient to discuss their condition such as the results of tests, so giving a copy of the same information should also be normal. Where a service user asks a health professional to see their own data within a care setting this should be facilitated wherever possible at the point of care without the need for a formal Data Subject Access Request (SAR) or Freedom of Information request (FOI).

This guidance is founded on the same proactive commitment to honesty and openness as the Open Disclosure Policy. It takes a patient-centred approach and encourages that service user information be provided to the service user during an episode of care or in a related follow-up where the request:

- involves a low volume of data,
- relates to current or recent episode of care,

¹ Investigation by the Data Protection Commission in respect of the processing of personal data by the Department of Employment Affairs and Social Protection, August 2019

- is readily available to staff when the person makes the request,
- can be easily responded to verbally, or by showing the information, or by sharing the information (e.g. copying/printing a blood test result)
- has no inappropriate third-party information included (see below),

Where the request is for information not related to current care, the information is not readily available, it involves more complex or highly sensitive data, it involves multiple areas or would require facilitating access to a high volume of records then a formal SAR or FOI request will be required (links provided below).

Detailed Examples

Below are some specific examples that may be useful in guiding your response.

Topic	Do Consider Providing	Don't Provide
Type of Records	<ul style="list-style-type: none"> • Discharge summaries • Referral letters • Prescriptions issued • Vaccination records • Blood tests and other diagnostics • Imaging reports (e.g. X-rays, MRIs, CT scans) • Health and social care assessments and reports (e.g. Occupational Therapy, Physiotherapy, Speech and Language, etc.) • Clinical notes of consultations 	<ul style="list-style-type: none"> • Diagnoses or information awaiting discussion with the requester • Records that are still being reviewed by clinicians • Information in relation to testing for and/or treatment of any notifiable diseases under the Health Acts • Sensitive records e.g. social work or mental health records • Records related to ongoing complaints or investigations • Records of deceased persons <p><i>(Service users will still have a right to access this information but there may be a complication with providing it at the time of asking. Please direct the service-user to the appropriate route)</i></p>
Third-party information (other people's data)	<ul style="list-style-type: none"> • Records with no third-party information or minimal third-party information already known to the requester 	<ul style="list-style-type: none"> • Records with third-party information not known to the requester • Records containing third-party information given in confidence • Records containing confidential sources.
Accessibility of the data	<ul style="list-style-type: none"> • Records related to a current/recent episode(s) of care that are easily accessible • Information that is readily available 	<ul style="list-style-type: none"> • Historical records not connected to the current episode of care • Information that is not easily accessible or readily available • Large volumes of information

Guidance

1. Healthcare workers regularly receive requests from service users for access to relevant health information and should respond to these requests if they can.
2. These requests can be responded to in practical ways, for example, showing a blood test result to a service users, speaking to the service user, allowing a photo to be taken, printing an additional copy to give to them.
3. Staff should be guided by common sense, professional judgement and reasonable expectations for how they can assist the service user. For example, reports up to 5 pages may be straightforward, however, a request that would require printing 20 pages might not be. Similarly, a request that would require a staff member to find information that is not readily available to them cannot be dealt with in this way.
4. If the staff member has any doubt about whether the information should be provided they should ask senior colleagues, if available, or direct the person to request the information via a SAR or through FOI. There are some reasons why data should not be provided outlined later in this document.
5. Data should only be given to the service user while in the care setting or in a follow-up to an episode of care. The identity of the person must be known to the staff member providing the data. There is no requirement for any additional verification of the person's identity.
6. The staff member must be familiar with the data being provided before they release it. Administrative staff may provide information if instructed by a clinician (e.g. a consultant's secretary can provide a report at the direction of the consultant).
7. Due regard must be given to how the data may be received and understood. Consider how the service user might interpret the information and provide it in a way that is understandable and sensitive to their individual needs.
8. If information is provided to the service user it is important that a note is made in the record of the information provided, when it was provided and to whom and in what form it was provided (please see below). Once information has been given to the service user it is their responsibility to manage that information safely.
9. If the data is being requested in the context of a complaint, investigation, or litigation the request should be routed through a formal SAR or FOI process so that the service user's rights to complain or to internal review can be supported.

Where a copy of information is provided it would be helpful to note the following details on the original document/system where the record(s) is stored:

Record released to:	Record Description	No. of records	Date released	Released by
Name of individual who requested their record	e.g. Referral, ED attendance	4 pages	01 Jan 2025	Print name of Staff member, role, department, location

Inclusion of Third-Party Information

When releasing medical records under point of care access, it's important to ensure that it does not include inappropriate data relating to other people. A good rule to consider when assessing this is whether the data is already known to the service user. For example, there should be no concern in relation to providing the name of the consultant who has treated the service user or other healthcare workers involved in the service user's care. Similarly, names of family, carers or legal guardians involved in the care episode can be included without any issue. It is important to consider that with the passage of time relationships may change and additional caution should be applied.

Requests by Third-Parties

This guidance does not cover requests made by third-parties. This should not prevent health professionals responding to appropriate requests from family, carers or guardians in the care setting where the requester is accompanying the service-user. For example, a parent of a young child requesting a hospital discharge report can be dealt with at the point of care.

The guidance also does not address the sharing of information with other health professionals but it is important to understand that a request from a service user to do so should be considered with the same practicality outlined here. For example, if a service user at the point of care asks a hospital to send a test result to a GP this should be considered a valid request and responded to appropriately.

There are additional guidelines to be considered and legislation such as the Assisted Decision Making Capacity Act, 2015 (as amended in 2023) when dealing with service users with diminished capacity.

This guidance also does not support requests for the records of deceased persons. In these cases the person making the request should be provided with the information to submit a request under Freedom of Information.

Out of scope of the point of care data access process

If the request is more complex, cannot be answered directly by the service area or involves multiple service areas it is important to explain that a SAR or FOI request will be required. In these cases, where it is more appropriate to request access to records through one of these processes the following links may assist service users in submitting such requests.

- [Subject Access Request Form](#)

- FOI [Request for Access to Records](#).

Where the healthcare records contain sensitive information particular care must be taken and the service user should be provided with information on how to make a SAR or FOI request. Examples include:

- documents relating to child protection or vulnerable adult concerns
- records relating to children in the care of Tusla, child and family agency
- documents revealing the involvement and deliberations of an investigation into alleged sexual abuse
- documents containing information in relation to testing for and/or treatment of any notifiable diseases under the Health Acts
- in circumstances where it is considered that access could be prejudicial to the physical or mental wellbeing or emotional condition of the service user
- in circumstances where it is considered that the health record contains private details of a third-party or information received in confidence from a third-party
- any other sensitive matter such as documents revealing confidential sources of information

If providing the data may be harmful to either the physical or mental health of the person there is legislation in place to restrict access by individuals to their medical and social work data.² Releasing data in these cases is at the discretion of the clinician and they should determine the most suitable approach to respond to the service user. This ensures that sensitive information is handled with the utmost care, balancing the need for access with the responsibility to protect the individual's well-being.

² The Data Protection 2018 (Access Modification) (Health) Regulations, 2022 (S.I. No. 121 of 2022) and the Data Protection (Access Modification) (Social Work) Regulations, 1989 (S.I. No. 83 of 1989) provide that health and social work data relating to an individual should not be made available to the individual, in response to an access request, if that would be likely to cause serious harm to the physical or mental health of the data subject.