

Simply Teeth Dental Practice
Record management Policy

Record Management

Patient records are used at every consultation and provide an accurate picture of patient treatment and care. They can also provide vital evidence if the standard of that care is called into question.

Keeping good records

Good patient records should be:

- contemporaneous (made at, or very close to, the time of treatment)
- clear
- concise
- complete.

Retaining records

Complaints and claims for clinical negligence can arise years after treatment. In the absence of records it may be difficult or impossible to defend the allegations. As an absolute minimum, records should be retained for:

- 11 years after the last entry for adults
- 11 years after the last entry for children – or until they reach age 25, whichever is the longer.

Ownership of records

Dental records for private patients are the property of the individual dentist. NHS General Dental Services (GDS) records are arguably the property of the individual dentist and/or primary care organisation. Certainly NHS authorities have certain rights of access to NHS GDS records under NHS regulations.

A patient's right of access

Under the Data Protection Act 1998, patients have statutory rights of access to their records. The Act allows the dentist to refuse access if:

- in the dentist's view, disclosure would be "likely to cause serious harm to the physical or mental health or condition of the data subject or any other person"
- disclosure would give information about a third party, other than healthcare professionals involved in the treatment, unless that other person consents.

If a patient asks to see their records you should respond within the statutory 40 days. If the patient (or their authorised representative) wishes to have copies, you can charge a fee - currently up to £50 for paper copies and £10 for electronic copies.

Patient's right to challenge records

The patient is entitled to challenge the validity of records and to have errors corrected. Only factual errors should be corrected, by striking through with a single line and inserting the corrected entry alongside or underneath, dated and signed legibly. Any disagreement over factual matters should be noted.

Patient consent to disclosure

It is your professional duty to respect the confidentiality of all information you hold on a patient. Except in exceptional circumstances, always seek the patient's consent to disclose any information about them to others. You need their expressed consent, preferably in writing, if disclosure affects them personally.

For consent to disclosure of records to be valid, the patient must understand:

- to whom the information will be disclosed
- precisely what will be disclosed
- the purpose of the disclosure
- the significant foreseeable consequences
- that relevant information cannot be concealed or withheld, except in exceptional circumstances.

Public interest

It may be necessary to disclose information about a patient, without their consent (or where consent has been refused), if it is in the public interest. For example, it would be in the public interest if failure to disclose information would give rise to a risk of serious harm or death to the patient or members of the public. In such circumstances, the ideal course of action would be to inform the patient of your decision to disclose before doing so. **If in doubt discuss with you manager or call a dental defence organisation such DDU.**

Children's rights

Children aged 16 and over can consent to dental treatment and enjoy the same rights of confidentiality as adults. The confidentiality of "Gillick-competent" children under 16 should also be respected, although they should be encouraged to involve parents or guardians.

Adults without capacity

In the case of adult patients (ie those over 18 years) who lack capacity, decisions as to whether or not to disclose information should be made according to what would be in the patient's best interests. Views of family and carers may be sought to assist in deciding whether disclosure is appropriate.

Deceased patients

The duty to respect patient confidentiality extends beyond a patient's death. The coroner has a right to access the records of a deceased patient but in most other situations you will need to obtain authority from an executor of the will or next-of-kin, unless it is to aid identification. Anyone with a claim for negligence arising out of a patient's death may be entitled to see the patient's dental records under the Access to Health Records Act 1990.

Disclosure to third parties

Dental records may be disclosed to:

Relatives and carers – usually with the patient's prior consent, but sometimes without when it is clearly in the patient's best interests and the patient is not able to consent (eg in the case of a patient who lacks capacity).

Other healthcare workers – on a “need to know” basis.

NHS bodies – it is their statutory right to see NHS GDS records and you are under a legal obligation to comply.

Insurance companies and private dental funding schemes – the patient's consent should be sought and you should check if they wish to see any report before it is sent. You must explain to the patient the extent of the information to be disclosed and the fact that relevant information cannot be concealed or omitted.

Social services – patients should always be informed and you should ensure that those who receive the information are bound by a duty of confidentiality.

Police – in general, the police have no right to patient information. If you consider that you or anyone else may be at risk of serious harm or death from a patient, inform the police, but disclosure should be the minimum necessary and exclude irrelevant clinical details.

Solicitors – disclosure to solicitors (other than those acting for the patient) requires the patient's signed consent, unless the solicitors provide proof of a court order compelling disclosure of the records.

Regulatory bodies – may require a practitioner to produce patient records when fulfilling their functions.

Publication, research and audit – data for research must be anonymised. Otherwise a patient's consent is required before personal information can be published. Documents for financial audit and administration should be anonymised or kept separate from clinical records.