**Patient Change of Address or Details Policy**

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| 1 | 01.10.2023 | Dee Turner | Dee Turner | To be reviewed in line with GDPR guidelines or changes to NHS policy |
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# Introduction

## Policy statement

The purpose of this policy is to outline the administration processes at New Islington Medical Practice when a patient or their carer advises the practice of a change of address or personal details. Under Article 5 of the General Data Protection Regulation (GDPR), it is essential that the practice demonstrates that data is:

Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which it is processed, is erased or rectified without delay.

## Status

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the practice. Other individuals performing functions in relation to the practice, such as agency workers, locums and contractors, are encouraged to use it.

## Why and how it applies to them

This document has been produced to provide all staff at New Islington Medical Practice with the necessary guidance to ensure that patient data is accurate and maintained in accordance with the practice’s GDPR policy.

# Definition of terms

## General Data Protection Regulation

The GDPR was designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens’ data privacy and to reshape the way in which organisations across the region approach data privacy.[[1]](#footnote-1)

# Record management

## Change of address or personal details

Should a registered patient inform the practice that they are going to change, or have changed, their address, they are to be instructed to complete a Change of Patient Address or Details form, available at Annex A.

Completed forms are to be passed to the reception team who will carry out the necessary administrative action.

Both the electronic record and the paper envelope should be updated to show the change and a record of the request should be filed electronically on the patient’s Care History.

# Summary

Having procedures in place to ensure the accuracy of data will support and demonstrate compliance with the GDPR, whilst also ensuring that patient care is not affected by inaccurate details or data.

# Annex A – Change of address and/or details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title: (Mr, Mrs, etc.):** | |  | **Date of birth:** |  |
| **Forename(s):** | |  | | |
| **Surname:** | |  | | |
| **Calling name:** | |  | | |
| **Current address:** | |  | | |
| **NHS number:** | |  | | |
| **DETAILS OF YOUR NEW ADDRESS** | | | | |
| **House number or name:** |  | | | |
| **Street:** |  | | | |
| **Area:** |  | | | |
| **Town or city:** |  | | | |
| **County:** |  | | | |
| **Postcode:** |  | | | |
| **Telephone number:** |  | | | |
| **YOUR NEW PERSONAL DETAILS**  **Only complete this section if your personal details have changed** | | | | |
| **Title:** |  | | | |
| **Forename(s):** |  | | | |
| **Surname:** |  | | | |
| **Calling name:** |  | | | |
| **Evidence provided for name change, e.g. wedding certificate** | (Annotate here the evidence that has been shown.) | | | |
|  | | | | |
| **PATIENT DECLARATION** | | | | |
| **I confirm that, to the best of my knowledge, the information I have provided is accurate and correct.** | | | | |
| **Signature** | | |  | |
| **Print name** | | |  | |
| **Date** | | |  | |

Thank you for completing this form.

Please return this form to a member of the reception team.

|  |  |
| --- | --- |
|  | |
| **STAFF DECLARATION** | |
| **I confirm that, to the best of my knowledge, the information I have been provided with has been input onto the clinical system and I confirm that I have also updated the patient’s paper envelope.** | |
| **Signature** |  |
| **Print Name** |  |
| **If no paper record found please state here:** |  |
| **Date** |  |

1. [EU GDPR overview](https://www.eugdpr.org/eugdpr.org.html) [↑](#footnote-ref-1)