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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

REQUEST FOR ACCESS TO PERSONAL DATA

GDPR 2018 (GENERAL DATA PROTECTION REGULATION/ ACCESS TO HEALTH RECORDS ACT 1990 (Access to Deceased Notes only)

This form is to be completed to help you inform Aneurin Bevan University Health Board about the identity of the individual for whom you are requesting a copy of the record. This may be you or for someone else. It will help us identify the correct person and ensure that we provide you with the correct information. Please complete it and send it to the address at the end of the form. If you need any help please call **01633 740165, 740166, 740167, 740163** or email: **access_to_health_records_dept.abb@wales.nhs.uk**

Section 1 – Who is the patient?

| | |
|--|--|
| Patient's Surname | |
| Patient's Forename(s) | |
| Date of Birth | |
| Hospital Number (if known) | |
| NHS Number (if known) | |
| Address | |
| | |
| | |
| | |
| Post Code | |
| Telephone Number | |
| E-mail address | |
| If the patient has lived at this address for less than 2 years please tell us their previous address including postcode | |
| | |
| | |
| | |
| | |



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CAIS AM FYNEDIAD AT DDATA PERSONOL

GDPR 2018 (Y RHEOLIAD CYFFREDINOL AR DDIOGELU DATA/ DEDDF MYNEDIAD AT GOFNODION IECHYD 1990(Mynediad at Gofnodion Pobl Farw Yn Unig)

Dylid llenwi'r ffurflen hon i'ch helpu i roi gwybod i Fwrdd Iechyd Prifysgol Aneurin Bevan am hunaniaeth yr unigolyn yr ydych yn gwneud cais am gopi o'i gofnod. Gall y person hwn fod yn chi neu'n rhywun arall. Bydd yn ein helpu i nodi'r person cywir a sicrhau ein bod yn darparu'r wybodaeth gywir i chi. Llenwch y ffurflen a'i hanfon i'r cyfeiriad ar ddiwedd y ffurflen. Os oes angen unrhyw help arnoch, ffoniwch **01633 740165, 740166, 740167, 740163** neu e-bostiwch: **access_to_health_records_dept.abb@wales.nhs.uk**

Adran 1 – Pwy yw'r claf?

| | |
|---|--|
| Cyfenw'r Claf | |
| Enw(au) Cyntaf y Claf | |
| Dyddiad Geni | |
| Rhif Ysbyty (os yn hysbys) | |
| Rhif GIG (os yn hysbys) | |
| Cyfeiriad | |
| | |
| | |
| | |
| Cod Post | |
| | |
| Rhif Ffôn | |
| Cyfeiriad e-bost | |
| | |
| Os yw'r claf wedi byw yn y Cyfeiriad hwn am lai na 2 flynedd nodwch eu cyfeiriad blaenorol gan gynnwys cod post | |
| | |
| | |
| | |

SECTION 2 – What are your personal details?

(a) Are you the patient?

YES

NO

If you have answered 'YES', go straight to Section 3 on page 3. Otherwise please provide the information below:

| | |
|------------------|--|
| Your Full Name | |
| Address | |
| | |
| | |
| Post Code | |
| Telephone Number | |
| E-mail address | |

(b) If you are **NOT** the patient please tick the appropriate box below to state your relationship to them:

- I am the patient's parent (with parental responsibility) and the patient is under 16 years old and: *is incapable of understanding the request / has consented to my making this request. *Delete as appropriate.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I am the deceased patient's *Personal Representative / Next of Kin and attach confirmation of this. *Delete as appropriate. (i.e. death certificate)
- I have a claim arising from the patient's death and wish to access information relevant to my claim and attach an explanation of the claim being considered.
- I have been appointed as the *Mental Capacity Advocate / Power of Attorney for this patient and wish to access copies of their records. I attach confirmation of my appointment. *Delete as appropriate.
- Other (Please state):
-

(c) If you are applying on behalf of another person, you will also need to show proof that you have permission to act on their behalf. We will accept one of the following as proof. Please tick the appropriate box to indicate which document you have enclosed:

- A signed declaration by the patient.
- A signed declaration by a health professional, police officer or MP confirming that the patient is unable to make the request themselves.
- A document confirming that you are the parent or guardian of the patient (if this is the case and the patient is under 16).
- Proof of appointment that the patient is incapable of managing his/her own affairs and you have been appointed by the courts to manage those affairs.

ADRAN 2 – Beth yw eich manylion personol?

(a) Ai chi yw'r claf?

 IE NAGE

Os mai 'IE' oedd eich ateb, ewch yn syth i Adran 3 ar dudalen 3. Fel arall rhowch y wybodaeth isod:

| | |
|------------------|--|
| Eich Enw Llawn | |
| Cyfeiriad | |
| | |
| | |
| | |
| Cod Post | |
| Rhif Ffôn | |
| Cyfeiriad e-bost | |

(b) Os **NAD** chi yw'r claf, ticiwch y blwch priodol isod i ddatgan eich perthynas ag ef:

Fi yw rhiant y claf (â chyfrifoldeb rhiant) ac mae'r claf dan 16 oed ac: *nid yw'n gallu deall y cais / mae wedi cytuno imi wneud y cais hwn. *Dilëwch yn ôl yr angen.

Gofynnwyd imi weithredu ar ran y claf ac atodaf awdurdod ysgrifenedig y claf.

Fi yw *Cynrychiolydd Personol / Perthynas Agosaf y claf ac rwyf wedi atodi cadarnhad o hyn. *Dilëwch yn ôl yr angen. (h.y. tystysgrif marwolaeth)

Mae gennyf hawliad yn codi o ganlyniad i farwolaeth y claf a dymunaf gael mynediad at wybodaeth sy'n berthnasol i'm hawliad. Atodaf eglurhad o'r hawliad dan ystyriaeth.

Penodwyd fi yn *Eiriolwr Galluedd Meddyliol / Atwrneiaeth ar gyfer y claf hwn a dymunaf gael gafaél ar gopïau o'i gofnodion. Atodaf gadarnhad o'm penodiad. *Dilëwch yn ôl yr angen.

Arall (nodwch beth):

.....

(c) Os ydych yn gwneud cais ar ran person arall, bydd angen ichi hefyd ddangos tystiolaeth bod gennych ganiatâd i weithredu ar ei ran. Byddwn yn derbyn un o'r canlynol yn dystiolaeth. Ticiwch y blwch priodol i nodi pa ddogfen yr ydych wedi ei hamgáu:

Datganiad wedi ei lofnodi gan y claf.

Datganiad wedi ei lofnodi gan arbenigwr iechyd, swyddog yr heddlu neu AS yn cadarnhau nad yw'r claf yn gallu gwneud y cais ei hun.

Dogfen yn cadarnhau mai chi yw rhiant neu warcheidwad y claf (os mai dyma'r achos a bod y claf dan 16 oed).

Tystiolaeth o benderfyniad nad yw'r claf yn gallu rheoli ei faterion/materion ei hun a'ch bod wedi eich penodi gan y llys i reoli'r materion hynny.

SECTION 3 – Confirming your identity and address

(a) In order to confirm your identity, you will need to send us a **photocopy** of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed:

- Full valid current passport
- ID card
- Full valid driving licence
- Birth Certificate or Certificate of Registry of Birth or Adoption Certificate.
- Other (Please state – e.g. Bus Pass):

If your name is now different from that shown on the document you are providing to confirm your identity, you must also supply documentary evidence to confirm the change of name, i.e. photocopy of Marriage Certificate or Decree Absolute or Decree Nisi papers, Deed Poll or Statutory Declaration.

(b) You must also confirm your address by sending us a **photocopy** of one of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed:

- Gas, electricity, water or telephone bill in your name for the last quarter
- Council tax demand in your name for the current financial year
- Bank, Building Society or Credit Card statement in your name for the last quarter
- Letter addressed to you from a Solicitor or Social Worker
- Other (Please state):

Note: If you wish to deliver your original documents in person we will verify these at the time of your visit and retain copies of these documents.

ADRAN 3 – Cadarnhau eich hunaniaeth a'ch cyfeiriad

(a) Er mwyn cadarnhau eich hunaniaeth, bydd angen ichi anfon **ffotogopi** o un o'r dogfennau a restrir isod. Ticiwch y blwch priodol i nodi pa ddogfen yr ydych wedi ei hamgáu:

- Pasbort cyfredol llawn dilys
- Cerdyn Adnabod
- Trwydded yrru lawn ddilys
- Tystysgrif Geni neu Dystysgrif Cofrestru Genedigaeth neu Dystysgrif Mabwysiadu.
- Arall (Nodwch beth – e.e. Pas Bws):

Os yw eich enw yn wahanol i'r un sydd ar y ddogfen a ddarperir gennych ar hyn o bryd, i gadarnhau eich hunaniaeth mae'n rhaid ichi hefyd gyflwyno tystiolaeth ddogfennol i gadarnhau newid yr enw, h.y. ffotogopi o bapurau Tystysgrif Priodas neu Archddyfarniad Absoliwt neu Archddyfarniad Amodol, Gweithred Newid Enw neu Ddatganiad Statudol.

(b) Mae'n rhaid ichi gadarnhau eich cyfeiriad drwy anfon **ffotogopi** atom o un o'r dogfennau a restrir isod: Ticiwch y blwch priodol i nodi pa ddogfen yr ydych wedi ei hamgáu:

- Bil nwy, trydan, dŵr neu ffôn sydd yn eich enw am y chwarter diwethaf
- Gofyniad am dreth gyngor yn eich enw ar gyfer y flwyddyn ariannol bresennol
- Datganiad Banc, Cymdeithas Adeiladu neu Gerdyn Credyd yn eich enw ar gyfer y chwarter diwethaf
- Llythyr a anfonwyd atoch gan Gyfreithiwr neu Weithiwr Cymdeithasol
- Arall (nodwch beth):

Sylwer: Os dymunwch gyflwyno eich dogfennau gwreiddiol yn uniongyrchol byddwn yn gwirio'r rhain yn ystod eich ymweliad a chadw copïau o'r dogfennau hyn.

SECTION 4 – What information is requested

Please tick the appropriate box to indicate which records you wish to access. If you are unsure which box to tick please call for advice:

- All Hospital Records only – this means your records as an inpatient or outpatient at hospital
- All Radiology (X-rays/MRI etc.) only All Mental Health Records
- Community Records (Health Visitor/District Nursing etc.) Please advise:

OR

- Specific records regarding the treatment of (please state Consultant, Specialty and approximate date):

- Clinical History & Correspondence
- Nursing Documentation
- Investigation Results
- Radiology (X-rays/MRI etc.)

Please tick below as appropriate:

- I wish to view my/the patient's records with a member of the Access to Health Records Department and ask for selected copies (No medical information could be discussed at this session).
- Please send me copies of the records relating to treatment received as detailed on the form.
- I will collect copies of the records from the Access to Health Records Department in person but do not wish to view them prior to collection.

Please select which format you would like the records supplied in:

- Electronic (This will be provided on CD) Paper Secure Email

ADRAN 4 – Pa wybodaeth sy'n ofynnol

Ticiwch y blwch priodol i ddangos pa gofnodion y dymunwch gael gafael arnynt. Os nad ydych yn sicr pa flwch i nodi, galwch am gyngor:

- Yr holl gofnodion ysbyty yn unig – mae hyn yn golygu eich cofnodion fel claf mewnol neu allanol mewn ysbyty
- Yr holl gofnodion Radioleg (Pelydr-X/MRI ac ati) yn unig Yr holl gofnodion Iechyd Meddwl
- Cofnodion Cymunedol (Ymwelydd Iechyd/Nyrsys Ardal ac ati) Rhowch wybod:

NEU

- Cofnodion penodol ynghylch y driniaeth (nodwch Ymgynghorydd, Arbenigedd a'r dyddiad yn fras):

- Hanes Clinigol a Gohebiaeth
- Dogfennaeth Nyrsio
- Canlyniadau Ymchwiliad
- Radioleg (Pelydr-X/MRI ac ati)

Ticiwch isod fel y bo'n briodol:

- Dymunaf weld fy nghofnodion/cofnodion y claf gydag aelod o Adran Mynediad at Gofnodion Iechyd a gofyn am gopïau dethol (Ni ellir trafod unrhyw wybodaeth feddygol yn ystod y sesiwn hon).
- Anfonwch gopïau o'r cofnodion sy'n berthnasol i driniaeth a gafwyd fel y manylir ar y ffurflen.
- Byddaf yn casglu copïau o'r cofnodion o Adran Mynediad i Gofnodion Iechyd yn uniongyrchol ond nid wyf yn dymuno eu gweld cyn eu casglu.

Dewiswch ar ba ffurf y dymunwch dderbyn y cofnodion:

- Electronig (Darperir hyn ar CD) Papur E-bost Dioge

SECTION 5 – Formal Declaration

Under the terms of the GDPR 2018 (General Data Protection Regulation)/ACCESS TO HEALTH RECORDS ACT 1990 (access to deceased records only), I request that you provide me with the information I have indicated overleaf. I confirm this is all of the information to which I am requesting access. I also confirm that I am either the patient, or am acting on their behalf. I am aware that it is an offence to unlawfully obtain such information, e.g. by impersonating the patient.

I certify that the information given on this form is true. I understand that it is necessary for Aneurin Bevan University Health Board to confirm my identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

| | |
|-------------|--|
| SIGNED: | |
| PRINT NAME: | |
| DATE: | |

Please make sure you have:

- Completed the form in full
- Signed the declaration above
- Enclosed the relevant proof of identity
- Enclosed the relevant proof of address
- If applying on behalf of another person, their permission together with any authorities to act on their behalf.

Note: If you deliver your documents in person we will verify these at the time of your visit and retain copies of these documents.

Send the completed form and enclosures to:

**Access to Health Records Department
Online House
Cleppa Park
Newport
NP10 8BA**

access_to_health_records_dept.abb@wales.nhs.uk

ADRAN 5 – Datganiad Ffurfiol

Dan delerau GDPR 2018 (Y Rheoliad Cyffredinol ar Ddiogelu Data)/DEDDF MYNEDIAD AT GOFNODION IECHYD 1990 (mynediad at gofnodion pobl farw yn unig), rwy'n gofyn ichi ddarparu'r wybodaeth a nodwyd drosodd i mi. Rwy'n cadarnhau mai dyma'r holl wybodaeth yr wyf yn gwneud cais am fynediad ati. Rwyf hefyd yn cadarnhau mai fi yw naill ai'r claf neu fy mod yn gweithredu ar ei ran. Rwyf yn ymwybodol ei bod yn drosedd cael gafael ar wybodaeth o'r fath heb fod â'r hawl, e.e. drwy ddynwared y claf.

Rwyf yn ardystio bod y wybodaeth a roddwyd ar y ffurflen hon yn wir. Rwyf yn deall bod angen i Fwrdd Iechyd Prifysgol Aneurin Bevan gadarnhau fy hunaniaeth a gall fod angen cael gafael ar ragor o wybodaeth fanwl er mwyn cadarnhau fy hunaniaeth a/neu leoli'r wybodaeth gywir.

| | |
|----------------------------------|--|
| LLOFNOD: | |
| ENW MEWN LLYTHRENNAU BRAS: | |
| DYDDIAD: | |

Sicrhewch eich bod wedi:

- Cwblhau'r ffurflen yn llawn
- Llofnodi'r datganiad uchod
- Amgáu'r dystiolaeth berthnasol o hunaniaeth
- Amgáu'r dystiolaeth berthnasol o gyfeiriad
- Os ydych yn gwneud cais ar ran person arall, ei ganiatâd ynghyd ag unrhyw awdurdodau i weithredu ar ei ran.

Sylwer: Os byddwch yn cyflwyno eich dogfennau n uniongyrchol byddwn yn gwirio'r rhain yn ystod eich ymweliad a chadw copïau o'r dogfennau hyn.

Anfonwch y ffurflen wedi'i chwblhau a'r dogfennau wedi eu hamgáu i:

**Adran Mynediad i Gofnodion Iechyd
Online House
Parc Cleppa
Casnewydd
NP10 8BA**

Access_to_health_records_dept.abb@wales.nhs.uk

FURTHER INFORMATION & FEES

INTRODUCTION

The GDPR 2018 (General Data Protection Regulation, which became effective from the 25th May 2018, gives every living person (or their authorised representative) the right to apply for access to their information.

A health record is defined as 'a record consisting of information about the physical and mental health, or condition of an identifiable individual, made by a health professional in connection with care and treatment of that individual. A health record can be computerised (electronic) and manual form (case record).'

WHAT CAN I LOOK AT?

- You can ask for copies of either the whole or certain parts of the records held by the Aneurin Bevan Health Board.
- If you request to see all notes, this would include records relating to all specialities, test results, nursing notes etc. If you require these please tick the relevant boxes on your form. If all records are required, the request may take longer due to the number of consultants that have to sign off your request and the time taken to copy the entire record.
- If you only wish to see certain parts of the record you will need to give clear dates and information about the treatment, including the hospital you attended.

Are there times when I cannot see or have a copy of my information?

- We will look at the health records before they are released to make sure:

That there is nothing in the record which could harm a third person (e.g. information about another person who has contributed to your record)

Or

Cause your mental health to suffer.

It is important to stress that this very rarely happens and that no one will make this decision without further consultation. If this situation arises, you will be told why certain parts of your health records have been withheld.

CAN SOMEONE ELSE APPLY ON MY BEHALF?

We understand that some patients will ask a relative or friend to make the application for them. If you decide to make such an arrangement you will need to give **authority** to the person you have chosen by signing the relevant part of the application form.

DO I HAVE TO PAY ANYTHING?

Under GDPR (General Data Protection Regulation), a charge is not applied to your request **unless** it is for repetitive information. (If you think your request falls under this, please contact the Access to Health Records Department).

GWYBODAETH YCHWANEGOL A FFIOEDD

CYFLWYNIAD

Mae GDPR 2018 (Y Rheoliad Cyffredinol ar Ddiogelu Data a ddaeth i rym ar 25 Mai 2018) yn rhoi'r hawl i bob person byw (neu ei gynrychiolydd wedi ei awdurdodi) wneud cais am fynediad i'w wybodaeth.

Diffiniad cofnod iechyd yw 'cofnod sy'n cynnwys gwybodaeth am iechyd corfforol a meddyliol, neu gyflwr unigolyn y gellir ei adnabod, a wnaed gan weithiwr proffesiynol iechyd ynglŷn â gofal a thriniaeth yr unigolyn hwnnw. Gall cofnod iechyd fod ar gyfrifiadur (electronig) neu ar ffurf copi caled (cofnod achos).'

BETH GAF EI WELD?

- Cewch ofyn am gopiau naill ai o'ch cofnodion llawn neu o rannau penodol a gedwir gan Fwrdd Iechyd Aneurin Bevan.
- Os gwnewch gais i weld yr holl sylwadau, gallai hyn gynnwys cofnodion yn ymwneud â'r *holl* arbenigeddau, canlyniadau profion, cofnodion nyrsio a.y.b. Os ydych yn gofyn am y rhain, ticiwch y blychau perthnasol ar eich ffurflen. Os gofynnir am yr holl gofnodion, gall y cais gymryd mwy o amser oherwydd y nifer o ymgynghorwyr y bydd angen iddynt gymeradwyo eich cais a'r amser sydd ei angen i gopio'r holl gofnod.
- Os dymunwch weld dim ond darnau penodol o'r cofnod bydd angen ichi gyflwyno dyddiadau clir a gwybodaeth am y driniaeth, gan gynnwys yr ysbyty yr aethoch iddo.

A oes adegau pan na chaf weld na chael copi o'm gwybodaeth?

- Byddwn yn edrych ar y cofnodion iechyd cyn eu rhyddhau i sicrhau:

Nad oes unrhyw beth yn y cofnod a allai achosi niwed i drydydd person (e.e. gwybodaeth am berson arall sydd wedi cyfrannu at eich cofnod)

Neu

Achosi newid i'ch iechyd meddwl.

Mae'n bwysig pwysleisio mai'n anaml iawn y mae hyn yn digwydd ac na fydd neb yn gwneud y penderfyniad hwn heb ymgynghori ymhellach. Os bydd sefyllfa o'r fath yn codi, cewch wybod pam mae rhannau penodol o'ch cofnodion wedi eu cadw yn ôl.

A GAIFF RHYWUN ARALL WNEUD CAIS AR FY RHAN?

Rydym yn deall y bydd rhai cleifion yn gofyn i berthynas neu ffrind wneud cais ar eu rhan. Os penderfynwch wneud trefniadau o'r fath bydd angen ichi roi **awdurdod** i'r person y gwnaethoch ei ddewis drwy lofnodi'r rhan berthnasol o'r ffurflen gais.

A OES ANGEN IMI DALU UNRHYW BETH?

Dan GDPR (Y Rheoliad Cyffredinol ar Ddiogelu Data), ni chodir tâl ar eich cais **oni bai** ei fod yn ymwneud â gwybodaeth ailadroddus. (Os ydych yn credu bod eich cais yn y categori hwn, cysylltwch ag Adran Mynediad i Gofnodion Iechyd).

IF THERE IS A REQUIREMENT FOR PAYMENT:

You may pay by either cheque or postal order and these should be made payable to:

ANURIN BEVAN UNIVERSITY HEALTH BOARD

WHAT HAPPENS NEXT?

Once we get your form, we will:

- Confirm receipt of your application.
- Review the application and the identification documentation.
- Send your application request with your notes to the Consultants who have treated you for the period you wish to see.

If you receive a letter from us confirming the application and requesting a fee for payment, your application will not be processed until the fee has been received.

HOW LONG WILL I HAVE TO WAIT FOR THE HEALTH RECORDS?

We always do our best to complete your request within the time frame set out however there may be occasions where this takes longer than expected. If for example the Consultants who need to review your notes are unavailable at that time, or your notes are required for clinic appointments or a hospital admission this can delay the process.

We will provide your information within one calendar month of the receipt of all information from you (or payment if required). If we cannot meet this timeframe we will advise you in advance and provide an explanation as to why this has not been possible.

Please note: The Health Board cannot release any information until we have completed the identification process therefore it is essential to ensure that the requested identification documentation is provided as soon as possible. If this information is not made available to the Health Board the records cannot be released as we are required to safeguard patients' information.

OS OES GOFYNIAD I DALU:

Cewch dalu gyda siec neu drwy archeb bost a dylid gwneud y rhain yn daladwy i:

BWRDD IECHYD PRIFYSGOL ANEURIN BEVAN

BETH SY'N DIGWYDD NESAF?

Ar ôl inni gael eich ffurflen, byddwn yn:

- Cadarnhau ein bod wedi cael eich cais.
- Adolygu'r cais a'r ddogfennaeth adnabod.
- Anfon eich ffurflen gais ynghyd â'ch cofnodion at yr Ymgynghorwyr sydd wedi cyflawni eich triniaeth am y cyfnod y dymunwch ei weld.

Os cewch lythyr gennym yn cadarnhau'r cais ac yn gofyn am ffi i'w thalu, ni chaiff eich cais ei brosesu nes i ni gael y ffi.

FAINT FYDD ANGEN IMI AROS AM Y COFNODION IECHYD?

Rydym bob amser yn gwneud ein gorau glas i gwblhau eich cais o fewn yr amserlen a nodwyd fodd bynnag gall fod achosion pan fydd hyn yn cymryd mwy o amser na'r disgwyl. Os, er enghraifft, nad yw'r Ymgynghorwyr sydd angen adolygu eich cofnodion ar gael bryd hynny, neu os oes angen cael eich cofnodion ar gyfer apwyntiadau clinigol neu i'ch derbyn yn yr ysbyty, gall hyn achosi oedi yn y broses.

Byddwn yn rhoi gwybod ichi o fewn un mis calendr ar ôl cael yr holl wybodaeth gennych (neu'r tâl os oes angen). Os nad oes modd i ni gyflawni hynny o fewn yr amserlen byddwn yn rhoi gwybod ichi ymlaen llaw ac yn esbonio'r rheswm pam nad oedd hi'n bosibl.

Sylwer: Ni all y Bwrdd Iechyd ryddhau unrhyw wybodaeth nes i ni gwblhau'r broses adnabod, felly mae'n hanfodol sicrhau bod y ddogfennaeth adnabod y gofynnir amdani yn cael ei darparu cyn gynted â phosibl. Os nad yw'r wybodaeth hon wedi ei gwneud ar gael i'r Bwrdd Iechyd, nid yw'n bosibl rhyddhau'r cofnodion gan fod gofyn inni ddiogelu gwybodaeth cleifion.