



Request for Access to Health Records

Section 1- Details of the Record to be accessed	
1. Full name of patient (Mr/Mrs/Miss/Ms)	2. Date of Birth
Surname	3. Current Address Postcode
Forename	
Any former names	
Section 2 Details of Records to be Accessed	
<input type="checkbox"/> Health records dated from/to:	<input type="checkbox"/> Health records relating to the following injury or condition:
<input type="checkbox"/> All health records except those relating to the following condition.	<input type="checkbox"/> All information contained on my health records from birth



Section 3 - Declaration

I declare that information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to above, under the terms of the Access to Health Records Act (1990) / Data Protection Act (1998).

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation.
- I have parental responsibility/legal guardianship for the patient who is under age 16 and [is incapable of understanding the request][has consented to me making this request] (delete appropriately)
- I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order
- I am the deceased patient's personal representative and attach confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim – the information will support my claim for the following reasons:

.....
.....

I am aware that a charge may be payable (£10.00 for a copy of your computerised records only; £50.00 for a copy of your paper records or a combination of computerised and paper records which includes the cost of copying and postage). [Note: The maximum charge is £50.00 and NO fee will be payable if the record is being viewed and copies are not being made.

Signed Date

Please Note:

- It may be necessary to provide evidence of identity (i.e. Driving License).
- If there is any doubt about the applicant's identity or entitlement, information may not be released.
- You will be informed if this is the case



Official Use Only:

Pre-processing check

Sufficient details to process application [date] / / Signed:

'NO': Letter sent to seek further information [date]: / / Signed:

Proceed

NOTE:

Information must be provided within 40 days (21 for access to records of the deceased) of receipt of the completed application

Administration Fee

(£10.00 for computerised records) received / not appropriate / to be charged

(£50.00 maximum for manual accessible records) received / not appropriate / to be charged

Signed: Date:

Processing of request

Name of Lead Health Professional:

Correspondence sent / contacted [date]:..... Signed:

Outcome: Appointment to be made with Lead Health Professional

made for [date]: at [time]: Initials:

Supervised Appointment to be made with:

made for [date]: at [time]: Initials:

Copies of notes to be sent

Applicant advised of outcome [date]: Signed:

Processing Application:

Access provided on [date] / /

Further Action: Corrections requested Yes / No

Copies provided Yes / No

Copying fee (£.....) Yes / No

Comments:

Copy of notes: made [date] / / Signed:

Copying fee: £ P & P: £ Total: £.....

sent [date] / / Signed:

Finance Advised [date] / / Signed:

Fee received [date] / / Signed: