

## APPLICATION FOR ACCESS TO HEALTH RECORDS

(in accordance with the UK Data Protection Act and General Data Protection Regulation GDPR)

### 1. Who is making the request

- I am the patient
- I have been asked to act by the patient and have the patient's authorisation as detailed below
- I am acting in loco parentis and the patient is under the age 16 and incapable of understanding the requests/has consented to my making this request (copy of Birth Certificate must be provided with evidence that you have parental responsibility)
- I am the deceased patient's personal representative and/or have a claim arising from the patient's death and wish to access information relevant to my claim

If none of the above please provide details

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.....

#### Section A for Living Patients

#### Section B for Deceased Patients

2A Patient Information	2B Patient Information
<p>UK Data Protection Act (for the records of living individuals) (30 days)</p> <p>Patient Details</p> <p>Name .....</p> <p>Address .....</p> <p>.....</p> <p>Contact Tel No .....</p> <p>Date of Birth .....</p> <p>Hospital Number .....</p>	<p>Access to Health Records Act 1990 (for records of deceased patients) (21 days or 40 days after last attendance)</p> <p>Patient Details</p> <p>Name .....</p> <p>Address.....</p> <p>.....</p> <p>Contact Tel No .....</p> <p>Date of Birth .....</p> <p>Hospital Number .....</p>
3A Person/Organisation requesting the information	3B Person/Organisation requesting the information
<p>Requestor Information (if different from the above )</p> <p>Name .....</p> <p>Address .....</p> <p>.....</p> <p>Contact Tel. No .....</p>	<p>Requestor</p> <p>Name .....</p> <p>Address.....</p> <p>Relationship to patient .....</p> <p>Contact Tel No .....</p>

**ACCESS TO RADIOLOGICAL IMAGES**

The Trust has now moved to providing radiology images through an imaging sharing service, already being used by a number of Trusts. In order to provide you with copies of radiological imaging via this service we will require a mobile number + email address or 2 email addresses. **PLEASE DOWNLOAD YOUR IMAGES WITHIN 10 DAYS OF RECEIVING THE LINK**

<b>1<sup>st</sup> Email address to send link</b>	<b>Mobile Number or 2<sup>nd</sup> email address</b>
<b>4A Patient's Consent</b>	<b>4B Patient's Consent</b>
<p>Patients consent (<b>NOTES WILL NOT BE RELEASED WITHOUT THE PATIENT'S CONSENT</b>)</p> <p>I _____          authorise Warrington and Halton Hospitals NHS Foundation Trust to provide the information detailed in section 7 to the person detailed in section 2A</p>	<p>See below, <b>NO INFORMATION WILL BE PROVIDED WITHOUT EVIDENCE OF RIGHT TO ACCESS</b></p>
<b>5A Supporting Documents</b>	<b>5B Supporting Documents</b>
<p>This application will not be processed unless accompanied with the following</p> <p>1. Photographic ID, either of</p> <ul style="list-style-type: none"> <li>• Driving licence</li> <li>• Passport</li> <li>• Bus Pass</li> </ul> <p>None photographic evidence acceptable</p> <ul style="list-style-type: none"> <li>• Birth certificate</li> </ul> <p>And</p> <p>2. proof of address e.g. recent utility bill</p> <p>If you are requesting access to medical records relating to a child under the age of 16 you will need to provide evidence of parental responsibility or the appropriate consent</p> <p>If you are requesting access to medical records relating to a patient who lacks capacity you must provide evidence</p> <ul style="list-style-type: none"> <li>• Lasting Power of Attorney (including health and welfare)</li> </ul> <p>Please do not include original documents</p>	<p>If an individual is deceased there is still a duty of confidentiality to that person.</p> <p>In accordance with the 'Access to Health Records Act 1990' only the Personal Representative or someone who has a claim arising out of the patient's death is legally entitled to apply for disclosure of any health records which may support a claim.</p> <p>The Personal Representative is the Executor of the Will or someone who has been granted probate. Evidence of this status must be enclosed with the application.</p> <p>At all other times a voluntary disclosure will be considered by the trust providing there is a valid reason to support the application. A statement must be enclosed with the application.</p> <p>Details of supportive documents attached</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>You must also provide your photographic ID together with evidence of your current address</p>

<b>6A Reason for application</b>	<b>6B Reason for application</b>
Reason why I require access to my medical records ..... ..... .....	Reason why I require access to the above patient's medical record ..... ..... .....

**All following sections to be completed**

<b>7 What information is required</b>	
General Data Protection Regulation (GDPR) permits organisation that process large amounts of data to ask individuals what information is being requested. On that basis, and to help the NHS save time and resources, it would be helpful if you could provide details of which particular episode of care you wish to have access to	
Date of Attendance	Details of Admission/Attendance (Outpatient, Inpatient, A&E etc)


**8 Declaration**

Declaration

I declare that the information I have completed on this form is correct to the best of my knowledge and that I am entitled to apply for access to the above records in accordance with the UK Data Protection Act

Name (print) ..... Signature .....

Date .....

**9 Certification**

To be completed by a person willing to confirm the identity of the above applicant.

I certify that am (name) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

And that I have known the applicant for \_\_\_\_\_ years as an employee / client / patient / personal friend and have witness the applicant sign this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO FOLLOWING ADDRESS:**

**Medico Legal Department  
Warrington & Halton NHS Foundation Trust  
Appleton Wing  
Lovely Lane  
Warrington  
WA5 1QG**

For Official purposes only

Unit number		Datix Reference	
Living	Deceased		
Consent received			
Alerts checked			
Accident and Emergency			
Inpatient			
Outpatient			
Printed from Lorenzo			
SARS Requested			
Radiology			
Physiotherapy			
Signature of Initial checker			
Signatures of final checker			