

APPLICATION FOR ACCESS TO HEALTH RECORDS FOR A DECEASED PATIENT

The Access to Health Records Act 1990 provides the right of access to a deceased person’s health records subject to the person requesting the records is either:

- The deceased person’s Personal Representative –documentation confirming of appointment [Grant of Probate/ Letters of Administration] will be required.

OR

- Has a claim arising from a person’s death and wish to access information relevant to my claim on the grounds stated below:

A charge applies which will be proportionate to the volume of records requested, an estimate will be provided prior to copying. The maximum fee payable will be £100.00. Hospitals are allowed 40 days, from the date that a correctly completed form together with the appropriate identification documentation and fee are received to provide copies of the medical records requested.

For full details of the Access to Health Records 1990 visit the link provided below:

<https://ico.org.uk/media/for-organisations/documents/1202/information-about-the-deceased-foi-eir.pdf>

SECTION 1: PATIENT DETAILS

Surname:		Forename:	
Address		Postcode	
Date of Birth:		Hospital Number	

SECTION 2: RECORD REQUESTED

In order that we can provide the information that you require, please indicate the type of record that you need, and if possible the approximate date[s] of treatment in the table below.

Condition /illness	
Dates of Treatment e.g. 12/12/2015 - 01/08/16	
General Notes	
Accident & Emergency Notes	
Radiology Records: X-rays/MRI/CT Scans/Ultrasound	

To ensure that your request is handled as quickly and efficiently as possible, please indicate whether your request is in consideration of :

Complaint against The Hillingdon Hospital NHS Foundation Trust	YES / NO/ N/A Do not wish to state
Claim Against The Hillingdon Hospital NHS Foundation Trust	YES / NO/ N/A Do not wish to state

SECTION 3: DETAILS AND DECLARATION OF APPLICANT

Please enter details of applicant if different from Section 1

Surname		Address:	
Forename		Postcode:	
Email Address		Telephone Number	

DECLARATION

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of Access to Health Records Act 1990.

Signature of Applicant.....

Date.....

YOU ARE ADVISED THAT THE MAKING OF FALSE OR MISLEADING STATEMENTS IN ORDER TO OBTAIN PERSONAL INFORMATION TO WHICH YOU ARE NOT ENTITLED IS A CRIMINAL OFFENCE WHICH COULD LEAD TO PROSECUTION.

SECTION 4: PROOF OF IDENTITY

Evidence of the patient's and/or the patient's representative identity will be required. Please attach relevant copies of the documentation to this application form. Please do not forward original documents, as we regret we cannot assume responsibility for their safety. Legible photocopies or scans will be acceptable. **Note: You cannot use the same document as evidence of both identity and address, two separate items are required.**

	Type of Applicant	<u>Acceptable Documentation- A List of Acceptable Documentation is shown overleaf</u>
A	An individual applying for his/her own records.	One identity document required e.g. birth certificate, or driving licence or passport, <u>PLUS</u> a copy of a utility bill or medical card showing the name and address of the applicant.
B	A person applying on behalf of an individual.	One item to show proof of the patient's identity AND one item to show the representative's identity.
C	A person with parental responsibility applying on behalf of a child.	Copy of the child's birth certificate and copy of official correspondence e.g. utility bill addressed to the person with parental responsibility relating to the patient
D	Power of Attorney/ Agent applying on behalf of an individual	Copy of a court order authorising Power of Attorney - in relation to Health & Welfare PLUS proof of the patient's identity.

Please return the completed application together with the required identification documentation to:

**Legal Services Access to Health Records
The Greenacres Centre
The Hillingdon Hospital
Pield Heath Road
Uxbridge
Middlesex
UB8 3NN**

Telephone enquiries between 9:00 – 12: 00 weekdays- 01895 279 548

Proof of Identity Checklist for Individuals

All forms of acceptable documentation are listed in the tables below. Please send copies not original documents].

Proof of name	Proof of address
Current signed passport	Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months
Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)	Local authority council tax bill for the current council tax year
EEA member state identity card (which can also be used as evidence of address if it carries this)	Current UK driving licence (<u>but only if not used for the name evidence</u>)
Current UK or EEA photo-card driving licence	Bank, Building Society or Credit Union statement or passbook dated within the last three months
Full old-style driving licence	Original mortgage statement from a recognised lender issued for the last full year
Photographic registration cards for self-employed individuals in the construction industry -CIS4	Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address
Benefit book or original notification letter from Benefits Agency	Council or housing association rent card or tenancy agreement for the current year
Firearms or shotgun certificate	Benefit book or original notification letter from Benefits Agency (<u>but not if used as proof of name</u>)
Residence permit issued by the Home Office to EEA nationals on sight of own country passport	HMRC self-assessment letters or tax demand dated within the current financial year
National identity card bearing a photograph of the applicant	Electoral Register entry
Marriage / civil partnership certificate	NHS Medical card or letter of confirmation from GP's practice of registration with the surgery