

Access to Health Records Act 1990 – Access Application Form

Criteria for Access

The Access to Health Records Act, 1990 lays down strict guidance on what personal information can be provided to a third party regarding a deceased patient. Our application form has therefore been designed to provide us with sufficient information to ensure that we only provide access to those who are legally entitled to receive this.

The Act gives certain people a right to see the health records of somebody who has died. These people are defined under section 3(1) (f) of that Act as:

1. The patient's personal representative. This will be the executor or administrator of the deceased person's estate.
2. Any person who may have a claim arising out of the patient's death.

If you meet the criteria outlined above and wish to access someone's records you should complete this form.

We would like to draw your attention to the following points:

- Next of kin have no automatic right of access to these records;
- **Individuals meeting the criteria above will be required to provide proof, e.g. a copy of the will naming an executor or a letter from solicitor regarding a claim;**
- The Act only allows access to records recorded after 1 November 1991;
- You may not be able to see information which could cause serious harm to your physical or mental health, or anyone else's;
- You may not be able to see information which could identify another person (except members of NHS staff who have treated the patient), unless that person gives their permission;
- You won't be able to see the records of someone who made it clear that they didn't want other people to see their records after their death;

Response time

We will deal with your request as quickly as possible, and within one calendar month of us receiving your completed application form. If we have any problems getting your information, we will keep you up to date on our progress.

Points to consider

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling the form in.

We ask for a countersignature (see section 5 of the form) because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Please fill in this application form using **BLOCK CAPITALS** and black ink.

Section 1: Right of Access – (evidence required)

- I am the executor / administrator for the estate of the person who has died
- I have a claim arising from the patient's death and want to access information relevant to my claim

Section 2: Patient Details

Please fill in this section as fully and accurately as you can with the personal details of the patient this access request is about.

Last name:		First name:	
Address: (including postcode)			
Date of birth:		Sex:	
CHI: (Community Health Index) or Hospital Reference Number (if known)			

If relevant, please provide further details below:

Previous last name:	
Previous address:	

Section 3: Information You Require

If there is specific information you wish to access please provide further details below:

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Please put an X in the appropriate box to show how you would like to access this information:

- 1. View records only
- 2. Receive a copy of the records

Please note the records you request may hold many paper copies of laboratory results which contain figures and letters which may be understood only by a clinical person. Providing a copy of these reports may increase the cost you have to pay. If you wish us to provide copies of results please put an X in the box below. (Please note you will routinely be provided with copies of x-ray /scan reports as these are typed reports)

I wish to receive copies of laboratory results:

Section 4: Declaration

You must sign this section and get it countersigned (please see section 5). The counter signatory should be present when you sign.

I declare that the information I have given in this form is correct and that I am the executor / administrator of the estate or have a claim against the estate.

I enclose evidence of my right to receive this information.

Signature:	Date:
Address:	
Phone number:	
Relationship to patient:	

Section 5: Countersignature

We require a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Any of the following can sign (this should not be a member of the applicant's family).

- Member of Parliament
- Member of the Scottish Parliament
- Justice of the Peace
- Minister of Religion
- Professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
- Bank Employee
- Civil Servant
- Police Officer

As the person countersigning, you only need to confirm the identity of the person applying, and be a witness when they sign the declaration in section 4. You do not need to see the rest of the form.

I (write your full name) _____ confirm that I have known (name of the person applying) _____ for _____ years, and I was present when they signed the declaration.

Signature:		Date:	
Full Name:		Profession:	
Address:			
Postcode:		Phone number:	

Section 6: Further Information

If the criteria in section 1 of the application do not apply to you and you would still like to access records of a deceased person, please provide details of why you require access in the box below:

Please note that access is not an automatic right and applications will be considered on a case by case basis. In extreme circumstances we may release the last episode of care to applicants who do not meet the criteria.