**Application for Access to Personal Information under the Access to Health Records Act 1990. (Deceased Patient)**

**\*Please note all mandatory fields need to be completed to process your request**

1. **\*Patients Details:**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Previous Names / Surnames |  |
| Hospital / NHS Number (If known) |  |
| Date of Birth |  |
| Date of Death |  |
| Telephone Number |  |
| Email Address |  |
| Address including postcode |  |

1. **Details of Applicant**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Telephone number |  |
| Email Address |  |
| Address including postcode |  |
| Relationship to Patient |  |

**\*Details of information required:**

**(Please note we are only able to release records made at East Kent Hospitals University Foundation NHS Trust)**

**Medical Record Required Information**

|  |  |  |
| --- | --- | --- |
| Medical Record InformationFormat required;☐ Digital Download☐ Recorded Delivery□ Collection from any of the East Kent Hospitals University Foundation NHS Trust site below.□ QEQM □ K&C□ WHH□ BHD□ RVHF | Date Range (Required) | Consultant Name (If known) |

**X-Rays / MRI / CT Scans / Ultrasounds**

|  |  |  |
| --- | --- | --- |
| Format required[ ]  Digital Download\* **Images & Reports**[ ]  CD / DVD – **Images only**□ Reports Only – **The reports will be sent out digitally.** **\*If unable to accept digital. You will be able to collect form any of the Trust sites.** \* *Please state digital or collection and which site you would like to attend.*□ Digital □ Collection □ QEQM □ K&C□ WHH\*For **digital download** please supply 2 email addresses that you have access to, **or** one email address and a mobile phone number.Email 1Email 2Mobile phone number  | [ ]  All scans required**OR**Dates of Scans (List Below) | Consultant Name (If known) |

|  |
| --- |
| \***Digital download link for X-Rays / MRI / CT Scans / Ultrasounds** need to be accessed **within 60 days** of being sent, otherwise the link will expire, and a new request will need to be submitted. |

**\*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 under the terms of the Access to Health Records Act 1990

Signed ………………………………………………. Date ………………………………….

Print name………………………………………….

**\*Identification:**

In order to maintain confidentiality and to confirm your identity, before copies of the Health Records are released, please provide a copy of;

* Driving Licence
* or Passport
* or Birth Certificate
* plus, a utility bill showing name and current address
* Plus, documentation confirming you are the deceased patient’s Legal Representative or Executor of the Estate

Completed forms are to be returned to: [ekh-tr.accesstorecords@nhs.net](file:///%5C%5Cshare.ad.ekhuft.nhs.uk%5Cshare%5COutpatients%5CMgmt%5COutpatients%20Transformation%5CWorkStreams%5CATR%20Database%5Cekh-tr.accesstorecords%40nhs.net)

or

Access to Health Records Office

Health Records Services

Royal Victoria Hospital

Radnor Park Avenue

Folkestone

Kent

CT19 5BN

|  |
| --- |
| **WARNING****You are advised that the making of untrue statements in order to help secure access to personal information to which the applicant is not entitled is a criminal offence** |

**ACCESS TO DECEASED PATIENT’S HEALTH RECORDS**

**INFORMATION FOR APPLICANTS**

The Access to Health Records Act 1990 grants rights to certain individuals to see what has been written about a deceased patient in a hospital. This only applies however to written records made on or after 1st November 1991.

Access is available to the personal representative of the deceased or a person having a claim arising out of a patient’s death.

Access may not be permitted if the following circumstances apply.

1. If it is considered that the patient would not have wished disclosure.

2. If access would lead to the identification of someone else not involved in patient care.

3. if access would cause serious mental or physical harm to someone else not involved in the patient’s care.

In the case of to a complaint or a claim arising from the patient’s death and in accordance with the Act we will only supply copies of records in relation to that complaint or claim. If the request is from the patient’s personal representative we will normally supply copies of records which relate to recent treatment, however in some circumstances a full set of notes will be released on request.

All requests must be made in writing. Please specify exactly the nature of the copies you require enable us to process your request efficiently.