

Application Form: Access to Health Records

Access to the health records of a deceased person is governed by the Access to Health Records Act (1990). Under this legislation when a patient has died, only their personal representative, executor or administrator of their will, or anyone having a claim resulting from the death (this could be a relative or another person), has the right to apply for access to the deceased's health records.

The Royal Wolverhampton NHS Trust determines a health record to include "any material created as part of the care and treatment of a patient. Such materials can be in any format, and be contained within the paper health record or attached to the electronic record (referred to as Clinical Web Portal).

Please consider the following information before completing this application form:

- If you are the executor/administrator or the personal representative of a deceased person you will need to provide documentary evidence of this.
- To make an application, you must provide evidence of your identity. This must include one form of personal photographic ID and one form of proof of address. Further information of what forms of identification can be accepted is given within the application form.
- If you are making the application on behalf of a patient, as their legal representative (e.g. you are a solicitor or insurance company), you must provide written authorisation from the applicant to act on their behalf and explicit permission to obtain a copy of their medical record.
- Applicants who may have a claim arising out of a patient's death have a right of access to information in the deceased patients record directly relevant to the claim. We will provide those parts of the medical record relevant to your request. We may request additional information to support your application if the information provided is insufficient.
- Incomplete applications will be returned, with correspondence stating what further information would be required for the application to be considered.
- Once your completed application form, together with your ID and any documents in support of your request are received, your application will be deemed to be valid.
- We are then required to provide you with the relevant information within 40 days.

Please note that there are certain circumstances in which the Trust may deny access to the complete record or to certain parts of the record. These are:

- If parts of the record are not within the scope of the request.
- Where an individual other than the patient (and appropriate health professionals) could be identified from the information. This is known as third party data.
- The deceased patient stated they did not wish for any part of their records to be released after death, or the information contained within the records was such that the deceased person expected them to remain confidential.
- Where records have been destroyed in line with the Trust's retention policy.

1. PATIENTS DETAILS

Surname	
Forename(s)	
Previous / other names	
Date of Birth	
NHS Number (If known)	
Date of Death (If known)	
Address and postcode	

2. APPLICANT DETAILS (Solicitors etc must insert their client's details below)

Surname	
Forename(s)	
Address and postcode	
Telephone number	
Contact email	
Relationship to patient	

3. REQUEST DETAIL

3.1 Information required: Please give details about the information you require.

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3.2 Reason for access: Please explain why you wish to access these records (this will help us to clarify the scope of your request)

3.3 Period of disclosure: Dates or particular episodes of care required

4. AUTHORISING A SOLICITOR/AGENT/INSURANCE COMPANY (IF APPLICABLE)

I have appointed the following company to act upon my behalf:

.....

I understand that filling in this section gives the Royal Wolverhampton NHS Trust permission to disclose copies of the medical records to the company detailed above. Please provide the company identified above copies of the health record in line with the Access to Health Records Act 1990 within 40 days.

Your Signature:

5. DECLARATION BY APPLICANT

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 record referred to under the provisions of the Access to Health Records Act 1990.

- a) I am the deceased patient’s personal representative and attach a copy of confirmation of my appointment (Grant of Probate, Letter of Administration, Certified Copy of the Last Will & Testament) OR I or can provide sufficient information to support my application and evidence that I have authority to act on the patient’s behalf.
- b) I have a claim arising from the patient’s death. Please provide comprehensive details to support your claim.

I understand it is a criminal offence to unlawfully obtain or attempt to obtain data.

Print Your Name:

Your Signature:

Date:

6. Consent to email your completed request via secure email

Where possible we try to send records via secure email. Please confirm if you happy for us to do this and specify the email address that the records should be sent to.

- Yes, I am happy to receive the outcome of my request via email to the below email address.
- No, I wish for the records to be sent via recorded delivery as a paper copy.

Email Address:

Please send your completed application form, copies of relevant identification and any supporting documentation to the **Health Records Access Team c/o The Health Records Library, Location B19, The McHale Centre, New Cross Hospital, Wolverhampton, West Midlands, WV10 0QP** or via email to rwh-tr.healthrecordsaccess@nhs.net.

For help completing this form please call the team on 01902 695544 / 695545. Any information you provide will be treated in confidence. It will only be used for the purpose of processing your request in accordance with the Access to Health Records Act 1990. After your request is completed, your information will be retained for the statutory time period (currently 3 years), after which it will be securely destroyed.