|  |
| --- |
| Request for Access to Health Records |
| **Section 1. Details of Patient** |  |
| (Mr/Mrs/Miss/Ms)  | 2. Date of Birth  |
| Surname  | 3. Current Address   Postcode |
| Forename |
| Any former names  |
|  |  |
| **Section 2 Details of Records to be Accessed** |
| [ ]  Health records dated from/to: | [ ]  Health records relating to the following injury or condition: |
| [ ]  All health records except those relating to the following condition. | [ ]  All information contained on my health records from birth |

|  |
| --- |
| **Section 3 - Declaration**I declare that 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 above, under the terms of the Access to Health Records Act (1990) / GDPR[ ]  I am the patient[ ]  I have been asked to act by the patient and attach the patient’s written authorisation.[ ]  I have parental responsibility/legal guardianship for the patient who is under age 12 and  [is incapable of understanding the request] [has consented to me making this request] (delete appropriately)[ ]  I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order [ ]  I am the deceased patient’s personal representative and attach confirmation of my appointment.[ ]  I have a claim arising from the patient’s death and wish to access information relevant to my claim – the information will support my claim for the following reasons:  **...............................................................................................................................................**Signed ................................................................................. Date ........................................*Please note that it may be necessary to provide evidence of identity (i.e. Driving License). If there is any doubt about the applicant’s identity or entitlement, information may not be released; you will be informed if this is the case.* |

|  |
| --- |
| **Section 4. Internal Pre-processing Checks**Sufficient details to process application? Yes/No *[date]:* ... /... /... Signed: …………………… If “No” letter sent to seek Further Information? Yes/No *[date]:* ... /... /... Signed: …………………… Adequate Further Information Received Yes/NoProceed? Yes/No*Note: Information must be provided within 28 days (21 for access to records of the deceased) of receipt of the completed application*  **Section 6. Processing of Request**Name of Lead Health Professional: ……..………………………………………………………………….[ ]  Correspondence sent / contacted? Yes/No [date]: ... /... /... Signed: …………………… Outcome: [ ]  Appointment to be made with Lead Health Professional made for [date]: ……………………….. at [time]: ………………… Initials: ………… [ ]  Supervised Appointment to be made with: ………………………………………… ….. made for [date]: ……………………….. at [time]: ………………… Initials: ………… [ ]  Copies of notes to be sent [ ]  Applicant advised of outcome Yes/No [date]: ... /... /... Signed: ……………………**Section 7. Processing Application**Access to records provided? Yes/No [date]: ... /... /... Signed: ……………………Further Action: Corrections requested? Yes/No Corrections actioned? Yes/No [date]: ... /... /... Signed: ……………………Comments: |
|  |
|  |