

APPLICATION FOR ACCESS TO HEALTH RECORDS FOR DECEASED PATIENTS (In accordance with the Access to Health Records Act 1990)

Please complete this form in **BLOCK CAPITALS** and in black ink, and return to the address overleaf together with the **IDENTIFICATION** and any other documentary evidence as set out below.

CHARGES

Charges in relation to copy records for deceased patients are governed by the provisions of the Access to Health Records Act 1990.

Once your application is received we will invoice you in advance for any charges which apply.

DETAILS OF DECEASED PATIENT

Mr / Mrs / Miss / Ms

Surname: _____ **Forename(s):** _____

Last known address: _____

Post Code: _____

Date of Birth: ____ / ____ / ____

Hospital Number (if known) _____

NHS Number (if known) _____

If the patient's name and/or address were different at the time of any relevant attendance or treatment please provide details below.

Previous Name(s) (including maiden name(s)):

Previous Address(es):

DETAILS OF APPLICANT

Mr / Mrs / Miss / Ms

Surname: _____ Forename(s): _____

Address: _____

Post Code: _____

Date of Birth: ____ / ____ / ____

Contact Telephone Number: _____

Email address _____

Relationship to the deceased patient _____

RECORDS REQUIRED

Please tick the appropriate boxes below:

- VIEW Case Notes ONLY

Do you require a member of clinical staff with you when viewing the case notes?

- YES

- NO

- COPY of Case Notes

- Copies of X-Rays, MRI Scans or other radiological imaging

DETAILS OF THE PATIENT INFORMATION REQUIRED:

Please provide dates and details of relevant clinics, wards, Consultants etc if known.

DECLARATION AND AUTHORISATION

I declare that the information I have completed on this form is correct to the best of my knowledge and that: (please tick below as appropriate)

- I am the deceased patient's Personal Representative and attach confirmation of my appointment (NB please complete Section 1 below)
- I am not the deceased patient's Personal Representative and I have set out below the reason for my request and attached any relevant documents (NB please complete section 2 below)

PLEASE NOTE:

A deceased patient's Personal Representative will be either an Executor/ Executrix or Administrator/ Administratrix of the Estate of the deceased person. Please include Grant of Probate or Letters of Administration.

IMPORTANT NOTE

Patients have a right to have their personal health information kept confidential; we are therefore obliged to be satisfied that an applicant is entitled to access a record. At the least, we will need to check your identity but we may also have to make further enquiries.

SECTION 1: (If you are the deceased patient's Personal Representative)

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTATION:

PROOF OF IDENTITY

Current Valid Photocard Driving Licence or Current Valid Passport

AND

PROOF OF ADDRESS

Utility Bill or Bank Statement dated within the last 3 months

AND

GRANT OF PROBATE OR LETTERS OF ADMINISTRATION

I (insert full name in BLOCK capitals) _____
certify that I am the patient's Personal Representative.

Signed: _____

Date: _____

SECTION 2: (If you are not the deceased patient's Personal Representative)

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTATION:

PROOF OF IDENTITY

Current Valid Photocard Driving Licence or Current Valid Passport

AND

PROOF OF ADDRESS

Utility Bill or Bank Statement dated within the last 3 months

AND

ANY OTHER DOCUMENTATION WHICH IS EVIDENCE OF YOUR AUTHORITY TO REQUEST COPIES OF THE DECEASED PATIENT'S MEDICAL RECORDS

I (insert full name in BLOCK capitals _____) wish to request copies of the deceased patient's medical records as set out above, and I confirm that the reasons for my request, together with details of any formal authority I have to make this request are as follows:

Signed: _____

Date: _____

PLEASE RETURN THIS COMPLETED FORM AND RELEVANT DOCUMENTATION TO swb-tr.SWBHRecordsRequests@nhs.net or by post to:

**GOVERNANCE SUPPORT UNIT
Sandwell and West Birmingham Hospitals NHS Trust
DGM Building
City Hospital
Dudley Road
Birmingham B18 7QH**

Telephone No: 0121 507 5836