

Request for access under the Access to Health Records Act, 1990

Form 3 Request for access to personal information relating to a deceased patient

Access to Health Records Reference	For office use only	Date	For office use only
------------------------------------	---------------------	------	---------------------

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 and other health records. This only applies however to written records made on or after 1st November 1991.

Access is only available to the deceased's personal representative or to any 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 the patients care.
3. If access would cause serious mental or physical harm to someone else not involved in the patient's care.

Information collected on this form will be used by Camden & Islington NHS Foundation Trust for the purpose of complying with your Access to Health Records Request.

It will be shared with staff that have a designated role in this process.

Section 1	Identity of the person about whom information is being requested												
Surname:					Date of Birth	D	D	M	M	Y	Y	Y	Y
Previous Surname: <small>(if applicable)</small>						D	D	M	M	Y	Y	Y	Y
First Name(s)													
Last Known Address:													
							Postcode:						
Hospital/ NHS No' <small>(if known):</small>					Date of Death:	D	D	M	M	Y	Y	Y	Y

To help us understand the information you require, the more information you can provide us with the easier it will be for us to locate the information. We understand this

may have been some time ago, so just give us what you can. Please note, if requested high volume of records, this may take longer than the one-month timeframe. We will update you if that is the case.

Doctor name	Dates of treatment	Site visited – where you were seen

Please provide here any additional information that will help us with retrieving the records, for example do you want to know just about a specific treatment, just interactions with a specific Doctor or a specific incident

Section 3	Declaration
I declare that the information given in this form is correct to the best of my knowledge and that (tick one box only/ evidence must be provided):	
<input type="checkbox"/>	I am the executor of the estate.
<input type="checkbox"/>	I have been designated the administrator of the patient.
<input type="checkbox"/>	I have a claim arising from the person's death and wish to access information relevant to my claim and attach details of the grounds of my claim.

Is litigation being contemplated against this Trust	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	------------	--------------------------	-----------	--------------------------

Section 4	Please complete details for person requesting information									
Surname:		Date:	D	D	M	M	Y	Y	Y	Y
First Name(s)										
Address:										
		Postcode:								
Relationship to patient:										
Signed:										
Please provide the following details if you are happy for us to contact you in this way:										
Home Number:		Mobile Number:								
Email:										

Section 4: Evidence required
<p>We are unable to provide copies of records without the following information:</p> <ul style="list-style-type: none"> ➤ Copy of death certificate of data subject ➤ Copy of documents to prove declaration in section 3, e.g. Power of Attorney, Grant of Probate ➤ ID from the requester (please refer to 'Guide 2' for further details)

Section 5: Certification on behalf of applicant
(To be completed by a non-family member that has known the applicant for 12 months or more)
<p>I Certify that I have known for years, and certify that I have just witnessed this person sign this Request for Personal Information under the Access to Health Records Act, 1990.</p>

I further confirm that I am an independent witness and in no way related to the applicant.

Signed:		Date:	D	D	M	M	Y	Y	Y	Y
Full Name										
Address:										
Telephone number/ Email:										

PLEASE NOTE...

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

Contact Details	
If you have any questions or difficulties with completing this form please contact us here:	
Tel: 0203 317 7094	Email: Information.Request@candi.nhs.uk

Please ensure you enclose two copies of your identification, more information on this is available on the following page
Please return completed forms to...
Information.Request@candi.nhs.uk securely via email. Using email is the quickest way for

us to process your request.

Or Information Request Office, Information Governance Department, 3rd floor, West Wing, St Pancras Hospital, 4 St Pancras Way, London, NW1 OPE, UK.

You will receive your medical file via secure encrypted email
To receive this information in another format please contact-
The Information Governance Department either by email at
Information.Request@candi.nhs.uk or write to us at Information Request Office, Information Governance Department, 3rd floor, West Wing, St Pancras Hospital, 4 St Pancras Way, London, NW1 OPE, UK.

GUIDELINES TO COMPLETE FORM:

Under the General Data Protection Regulation (EU) 2016/679, the Data Protection Act 2018 and Access to Health Records Act 1990 you are entitled to have a copy of your health records.

Before any disclosure is made we will need to receive proof of your identity (ID), this is to protect your confidentiality. With your completed application please attach a copy of the IDs requested in 1 and 2 below (please ensure any documents and photos are of high quality).

1. A photocopy of your current passport or driving licence. Further examples of ID listed below
2. A photocopy of a recent household utility bill or bank statement (under 3 months old) that contains your name and address. Please do not send originals. Further examples of ID listed below
3. There will be no charge for providing an initial copy however additional copies will attract a fee if deemed excessive.
4. Once the Trust has accepted your application, it is anticipated that your records will be sent out to you within the statutory time frame of 30 days.
5. Please note, the trust is unable to process requests received without proof of identity. We will not start working on your request until we receive and have verified your identification documents.
6. Please note that if you request your whole medical file this can take longer to process and may take more than the statutory 30 days.

Examples of proof of ID. You must produce one piece of ID from each column

Proof of name	Proof of address
Current signed passport	Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months
Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)	Local authority council tax bill for the current council tax year
EEA member state identity card (which can also be used as evidence of address if it carries this)	Current UK driving licence (but only if not used for the name evidence)
Current UK or EEA photocard driving licence	Bank, Building Society or Credit Union statement or passbook dated within the last three months
Full old-style driving licence	Original mortgage statement from a recognised lender issued for the last full year
Photographic registration cards for self-employed individuals in the construction industry - CIS4	Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address
Benefit book or original notification letter from Benefits Agency	Council or housing association rent card or tenancy agreement for the current year
Firearms or shotgun certificate	Benefit book or original notification letter from Benefits Agency (but not if used as proof of name)
Residence permit issued by the Home Office to EEA nationals on sight of own country passport	HMRC self-assessment letters or tax demand dated within the current financial year
National identity card bearing a photograph of the applicant	Electoral Register entry or NHS Medical card or letter of confirmation from GP's practice of

Proof of name	Proof of address
	registration with the surgery

Documents we will not accept include, but are not limited to

- Provisional driving licence
- Mobile phone bills
- Credit card statements

Please ensure you enclose two copies of your identification

Please refer to '**Guide 2**' for further details.

On receipt of the completed application form, the request will be processed. The Health Records, together with the application form will be passed to clinicians for permission to release the copies you require. Once permission has been received you will be notified.