

# HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

Application for Access to Health Records Under the General Data Protection Regulations/Data Protection Act 2018/Access to Health Records Act 1990

A) Details of person whose information is required

Surname ..... First Name .....

Current or last known address .....

.....

Post Code ..... Telephone No .....

Date of Birth ..... Sex M/F .....

Previous Surname 1) ..... 2) .....

Previous Address .....

.....

B) Details of information required

Dates	Hospital	Consultant	Case Note Number

Supporting Information (e.g. reason for attendance, nature of treatment, illness etc)

.....

.....

C) Tick all boxes which apply (Please see charges before completing)

<u>Manual Held Records</u>	<u>Radiology Discs</u>
Letters <input type="checkbox"/>	X-ray films <input type="checkbox"/>
Clinic sheets <input type="checkbox"/>	CT films <input type="checkbox"/>
X-ray reports <input type="checkbox"/>	MRI films <input type="checkbox"/>
Test results <input type="checkbox"/>	(See Section E if you would like via email, or alternatively it will be provided on disc)
Nursing records <input type="checkbox"/>	

**Charges:**

**In most cases Subject Access Requests are provided free of charge. However where the request is manifestly unfounded or excessive a reasonable fee will be charged to cover the administrative costs of complying with the request. A fee will also be charged if further copies are requested**

**Where request for health records is made under the AHRA1990 – a fee will be chargeable.**

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D)

- 1)  I am the patient named overleaf.
- 2)  I am a person authorised in writing by the patient and attach written proof of this.
- 3)  I have parental responsibility for the patient.  
Please state relationship to patient, and attach proof of parental responsibility.  
.....
- 4)  I am a person appointed by the Court to manage the affairs of the patient and I attach documentary proof of this (e.g. Lasting Power of Attorney Health and Welfare – please note not Property and Affairs)
- 5)  I am the Personal Representative of the deceased patient, or I am a person who may have a claim arising out of a patient's death and I attach written proof of this.

E)

Please provide your name and address to which correspondence is to be sent:-

Name .....

Address .....

.....

Post Code ..... Contact Tel No .....

If you would like your x-rays by email instead of disc, please give 2 email addresses below

.....

F)

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 health records referred above under the terms of the General Data Protection Regulations/ Data Protection Act 2018/Access to Health Records Act 1990 and will be responsible for paying the Trust's charges arising out of my request.

.....  
Signature

.....  
Date

.....  
Print Name

**Note: Where an application for access to health record is falsely made, legal action may be taken**

G)

Please return completed forms to:-

Access to Health Records Clerk  
Patient Administration  
Hull Royal Infirmary  
Anlaby Road  
Hull  
HU3 2JZ

Alternatively please email completed forms to [hyp-tr.SAR@nhs.net](mailto:hyp-tr.SAR@nhs.net)