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

B) Details of information required

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Hospital | Consultant | Case Note Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

…………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………….

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 ……………………………………………………………………………………………………………..

 ……………………………………………………………………………………………………………………………………

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

 Manual Held Records Radiology Discs

 Letters X-ray films

 Clinic sheets CT films

X-ray reports MRI films

 (See Section E if you would like via email, or alternatively it will

Test results be provided on disc)

Nursing records

**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.**

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