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