

Application For Access to Deceased Patient Health Records

Made in Confidence

Please read the following information carefully

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 available to:

1. The patient's personal representative (this will be the executor of the will or the administrator of the estate)
2. Any person who may have a claim arising out of the patient's death

If there is no will and you are required to apply for Letters of Administration, please visit the website below for further information on this matter.

<https://www.gov.uk/applying-for-probate>

Section 1: Details of person whose records are being requested

Title (Mr, Mrs, Ms, Miss)			
Forename		Surname	
DOB		NHS Number	
Phone Number			
Current Address			
Post Code			
Previous Names			
Previous Address			
Post Code			

Section 2: Your Name and details

Title (Mr, Mrs, Ms, Miss)		DOB	
Forename		Surname	
Phone Number			
Current Address			
Post Code			
Relationship to patient			

Section 3 – What information is being requested?

Dates for which information is sought:

From To

To help us provide the correct information, please provide as much information as possible, giving full details of all the episodes of care you are interested in. If you wish to only receive information relating to a specific episode, then please specify in the table below.

Hospital/Clinic	Dates	Ward/Outpatient clinic	Consultant/Practitioner

Please indicate if there is any specific information that you are interested in:

Section 4: Your relationship to the patient

This request cannot be processed without one of the below being ticked and relevant documentation provided.

- The patient has a will and I am the executor of the estate (copy of the will attached)
- There was not a will in a place and I have the legal authority as the administrator of the estate (attached a copy of the Letters of Administration granted by the Probate Registry)
- I have a claim arising from the patient's death (please provide details of this claim below and attached documents to show a claim is being processed)

It will be necessary to confirm the identity of parties mentioned in Section 1 and Section 2. Please supply a photocopy of one document from sections A and B for both people mentioned.

- A. Confirmation of name
- Full driving licence
 - Passport
 - Birth certificate
 - Marriage certificate
 - Health and Social Care Information Centre identity badge
- B. Confirmation of address
- Utility bill
 - Bank statement
 - Credit card statement
 - Benefit book
 - Pension book

Section 5: Declaration

Please tick as appropriate and sign below:

I confirm I am the patient's personal representative and have enclosed evidence of Executor of the Will/Administrator of the estate and evidence of my identity.

I confirm I have a claim arising out of the patient's death and have enclosed proof of my identity and documented evidence of my claim.

Signed		Date	
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Section 6 – Declaration

WARNING: Making a false or misleading request in order to obtain access to personal information is a criminal offence.

I declare that to the best of my knowledge that the information provided in this application is true and correct and that I hereby declare that I fully understand the nature of this application. I understand that once my information has been released to me, my solicitors or my representative that Bradford Teaching Hospitals NHS Foundation Trust will not accept any liability for how that information/data may be shared or used.

Surname		Forename(s)	
Signed		Date	

Section 7 – Disclosure

We disclose medical records electronically via Encrypted Web Link, this link is provided on an email and allows you to download your documents.

This link will be available for 14 days and will expire after this time.

Please provide an email address for this information to be disclosed to or inform us of another method of disclosure.

Email			
Posting			
Collecting in person			

Please return the completed document to:

**Access to Records Service
St Luke's Hospital
Little Horton Lane
Bradford
BD5 0NA**

**Email
athr.office@bthft.nhs.uk**

If delivering in person, please leave your form in a sealed envelope at main reception at BRI or SLH – there is no public access to the Access to Health Records Department.