

## **Application For Access to Health Records**

### ***Made in Confidence***

Before completing the attached form, please read the following notes. Should you need help with completion, please contact Bradford Teaching Hospitals NHS Foundation Trust's Access to Health Records Team on 01274 365885 or email [athr.office@bthft.nhs.uk](mailto:athr.office@bthft.nhs.uk)

### **There is a separate application form for deceased patients**

#### **What ID is required?**

We recognise that medical records are very sensitive and confidential so we must make sure we only give copies to those people who are entitled to receive them. For this reason, we require some form of ID. This could be a copy of your birth certificate, passport or driving license along with a copy of a current utility bill (gas, electricity, council tax etc.) showing your current address. Persons holding a registered power of attorney for health and welfare (not just for financial and property matters)

#### **How much will it cost?**

In most cases there will be no charge to access these records.

We disclose medical records electronically via email. Although upon request they can be provided in paper form, apart from (if there are any) x-rays which will be put on a disk. The paper records can either be collected in person or can be sent to you by recorded delivery. Where possible we would prefer to disclose electronically to reduce the cost of this service to the Trust and provides a more secure and quicker disclosure.

#### **Third Party Applicants**

You may make a request to access another person's health records but there is no legal requirement to provide the information unless a Court Order exists. Personal information can be disclosed to the police without consent from the individual for the prevention or detection of serious crime. However, each case will be considered individually before a decision is made.

## **How long will I have to wait to receive the records?**

Upon receipt of the completed form and ID we will begin to process your request.

We prioritise requests for information about an individual to that same individual (known as Subject Access Request or SAR for short). We are legally obliged to respond SARS within one month. We will aim to respond to you within 20 working days.

Is there any information that cannot be released?

Information will be removed that relates to a third party who has not given consent for disclosure (where that third party is not a health professional who has cared for the patient) and after taking into account the balance between the duty of confidentiality to the third party and the right of access of the applicant.

If it is considered that information in the record, if released, may cause serious harm or distress to the subject or any other individual then information could also be restricted.

We can only provide copies of original records: printouts from an electronic patient care database or a paper record. We cannot provide a summary or statement about individual treatment or diagnosis.

## **IMPORTANT INFORMATION**

**Once you have possession of the records it is your choice as to who you share that information with – we do not hold any responsibility.**

**Please keep this guide for your reference**

**Section 1: Details of person whose records are being requested**

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

**Section 2: Applicant details If making a request on behalf of the person above. Requesting fertility records, please provide partners details**

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

**Provide details of why the patient is not making the request themselves:**

**If you are applying for someone else's information then you are classed as a third party and your information would normally be removed before the record is released. However, you may wish for your information to remain in the record that is sent to you – for example discussions you have had with Trust Staff. If this is the case please sign below.**

**If you do not sign here information about you or your discussions will be removed.**

Signature: .....

**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.**

<b>Hospital/Clinic</b>	<b>Dates</b>	<b>Ward/Outpatient clinic</b>	<b>Consultant/Practitioner</b>

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

**Section 4 – Consent**

**Please tick one of following boxes and sign below:**

I confirm I am the person mentioned in Section 1 and I require access to my personal records.	
I confirm I am the person mentioned in Section 1 and I authorise the release of copies of my personal records described in Section 3) to the person mentioned in Section 2.	
I confirm that I am the person mentioned in Section 2 and I have parental responsibility for the child in Section 1.	
I confirm I am the person mentioned in Section 2 and have been authorised to act with the power of attorney for health and welfare on behalf of the patient in Section 1.	

**Print Name:** .....

**Signature:** .....

**Date:** .....

<b>Fertility Consent</b> I confirm I am the partner of the person mentioned in Section 1 and I consent to the release of my medical records to them (please provide 2 forms of identification)
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**Print Name:** .....

**Signature:** .....

**Date:** .....

## Section 5 – Evidence

Evidence of the patients and/or the patient's representative identity will be required; this will require two items of documentation, examples of which are given below:

Type of applicant	Type of documentation required
An individual applying for their own records	Two copies of identity required e.g. copy of birth certificate, passport, driving licence, utility bill, medical card etc.
Someone applying on behalf of an individual.	One item of proof of the patient's identity and two items of proof of the requestors identity (examples above)
Person with parental responsibility applying on behalf of their child. If under the age of 13.	We Require two forms of Identification from the requestor and a copy of birth certificate showing parental responsibility
<p>Power of attorney for health and welfare applies if you are acting on behalf of a person who does not have the capacity to act on their own behalf.</p> <p><i>"Patients unable to give consent If a person does not have the mental capacity to manage their own affairs and you are their attorney, you will have the right to apply for access.</i></p> <p><i>This would apply, for example, if you have a Lasting Power of Attorney with authority to manage their property and affairs.</i></p> <p><i>The same applies to a person appointed to make decisions about such matters by the Court of Protection in England and Wales".</i></p>	Copy of court order authorising power of attorney/agent plus 2 copies of ID from the requestor

## 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.