

# **Crown Medical Practice**

Tamworth Health Centre Upper Gungate Tamworth Staffordshire B79 7EA Email: crownmedical@nhs.net Telephone: 01827 315355 Dr A John Dr P V Joshi

Trinity Branch Surgery Stonydelph Health Centre Ellerbeck Tamworth Staffordshire B77 4JA

## Access to Health Records Act 1990 – Access Application Form

#### **Criteria for Access**

The Access to Health Records Act, 1990 lays down strict guidance on what personal information can be provided to a third party regarding a deceased patient. Our application form has therefore been designed to provide us with sufficient information to ensure that we only provide access to those who are legally entitled to receive this.

The Act gives certain people a right to see the health records of somebody who has died. These people are

defined under section 3(1) (f) of that Act as:

**1.** The patient's personal representative. This will be the executor or administrator of the deceased person's estate.

2. Any person who may have a claim arising out of the patient's death

If you meet the criteria outlined above and wish to access someone's records you should complete this form.

#### We would like to draw your attention to the following points:

• Next of kin have no automatic right of access to these records;

• Individuals meeting the criteria above will be required to provide proof, e.g., a copy of the will naming an executor or a letter from a solicitor regarding a claim;

• The Act only allows access to records recorded after 1 November 1991;

• You may not be able to see information which could cause serious harm to your physical or mental health, or anyone else's;

• You may not be able to see information which could identify another person (except members of NHS staff who have treated the patient), unless that person gives their permission;

• You won't be able to see the records of someone who made it clear that they didn't want other people to see their records after their death.

#### **Response time**

We will deal with your request as quickly as possible. If we have any problems getting your information, we will keep you up to date on our progress.

#### Points to consider

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form.

## The Crown Medical Practice Access to Health Records Act 1990 – Access Application Form

Please fill in this application form using BLOCK CAPITALS and black ink.

#### Section 1: Right of Access – (evidence required)

I am the executor / administrator for the estate of the person who has died I have a claim arising from the patient's death and want to access information relevant to my claim

#### **Section 2: Patient Details**

Please complete this section as fully and accurately as you can with the personal details of the patient this access application is about.

Surname:	Forename:				
Address: (Including Postcode)					
Date of Birth:	Gender:				
NHS Number, OR Hospital Reference Number (if known)					
If relevant, please	e provide further details below:				
Previous Surnam	e:				
Previous Addres	5:				

#### **Section 3: Information You Require**

If there is specific information you wish to access please provide further details below:

### The Crown Medical Practice Access to Health Records Act 1990 – Access Application Form

Please note the records you request may hold many paper copies of laboratory results which contain figures and letters which may be understood only by a clinical person. If you wish us to provide copies of results please put an X in the box below. (Please note you will routinely be provided with copies of x-ray/scan reports as these are typed reports).

I wish to receive copies of laboratory results:

#### **Section 4: Declaration**

I declare that the information I have given in this form is correct and that I am the executor / administrator of the estate or have a claim against the estate.  $\Box$ 

I enclose evidence of my right to receive this information.  $\Box$ 

Name: Address:			
Contact details:			
Landline:			
Mobile:			
Email:			
Signature	·	Date	

#### Section 5: Further information

If the criteria in section 1 of the application do not apply to you and you would still like to apply to access the records of a deceased person, please provide details of why you require access in the box below:

Please note that access is not an automatic right and applications will be considered on a case by case basis.

## The Crown Medical Practice

Access to Health Records Act 1990 – Access Application Form

Section 5: Further information – contd.