



ACCESS REQUEST FORMS FOR DECEASED PATIENTS

The Access to Health Records Act 1990 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 'the patient's personal representative and any person who may have a claim arising out of the patient's death'. A personal representative is the executor or administrator of the dead person's estate.

The law allows you to see records made after 1 November 1991. However, records are usually only kept for three years after someone's death.

You won't be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else's; or
- 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.

If you need any more advice about your rights under the Access to Health Records Act, please contact our data protection advisor at the address on the next page.

If you want to see someone's records, or get copies of them, you should fill in this form.

Fees

If the records have been amended within the last 40 days – no charge

If the records have not been amended within the last 40 days – £10

For copies of records or other information – £10 administration fee and the cost of making the copies (up to £50)

Response time

We will deal with your request as quickly as possible, and within 40 days of receiving your filled-in application form and fee. 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 the form in.

We ask for a countersignature (see section 5 of the form) because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Send your filled-in form to:

Phyllis Nelson
Practice Manager
Carmondean Medical Group
Carmondean Health Centre
Livingston
West Lothian
EH54 8PY

Telephone: 01506 836300 – Option 4 then Option 4 for Practice Manager

Who to contact in the organisation if you have any complaints:

Phyllis Nelson
Practice Manager
Carmondean Medical Group
Carmondean Health Centre
Livingston
West Lothian
EH54 8PY

Telephone: 01506 836300 – Option 4 then Option 4 for Practice Manager

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

Notes to help you fill in the form

Personal information

Personal information is information we hold in medical records, patient administration and information systems, clinical systems, and other databases or files. We may hold personal information on paper or on computer.

Health professionals

An appropriate health professional may include your hospital doctor, nurse, midwife or health visitor, dentist, optician, pharmacist, clinical psychologist, occupational therapist, dietician, physiotherapist, podiatrist or speech and language therapist.

Type of records asked for

The Data Protection Act 1998 covers both manual (paper) and computerised records. Manual records include all your paper health records. Some information about your care may also be held on computer. This will vary from hospital to hospital.

If you want to see your health records we will invite you to the hospital or clinic at a convenient time, along with a health professional or appropriate other person. If you only want photocopies, you can collect these within 40 days from the date we receive your fee.

If you have only asked for a photocopy of the relevant records, the healthcare professional responsible for your care may invite you to see them so that they can explain the information in your record. You do not have to take up this invitation, but it would be in your best interests to do so.

NHS contacts (section 2)

If you contacted NHS services (such as NHS 24) by phone, in section 2 you should give as much detail as possible, including details of the call or calls, dates and times, and who you spoke to.

Declaration (section 4)

The person applying for access must fill in this section.

- a) If you are the patient, tick the first box and sign the authorisation then go on to section 7.
- b) If you are the person acting on behalf of the patient, we will need the patient's permission before we can release the information. Ask the patient to fill in the 'Authorisation' section of the form (section 6); unless you can provide proof that you have permission to act on their behalf (for example, proof of power of attorney or guardianship).
- c) If the patient is a child (that is, under 16) anyone with parental responsibility for them can apply. In most cases this means a parent or guardian. If the child is capable of understanding the nature of the application, you can apply with their permission or they can apply themselves. We will presume children can understand the nature of the application if they are aged between 12 and 16. However, we will consider all cases individually.

Section 1: Patient details

Please fill in this section as fully and accurately as you can, with the personal details of the patient this access request is about. This will help us trace the personal information you need.

Last name:		First name:			
Address:					
Postcode:		Date of Birth:		Sex:	
Home Phone Number:					
Other Phone Number:					
CHI (community health index) or hospital number (if known)					

If the person this access is about has changed their name or lived at a different address during the periods of treatment you are interested in seeing information about, please provide these details.

Previous name:		
Previous address:		
Dates from and to:		

Section 2: NHS contacts

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health-service worker in charge of the care (for example, a GP or dentist) for each period of treatment in the 'healthcare professional' column.

NHS centre or centres you went to or contacted	Ward, clinic, department, specialty or service	Name of healthcare professional (if known)	Dates from	Dates to

Section 3: Information you want to access

Give details in the box below of the records or information you want to access.

Please put an X in the appropriate box to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

Details	Manual (paper)	Computerised
See original records only	<input type="checkbox"/>	<input type="checkbox"/>
Ask for a copy	<input type="checkbox"/>	<input type="checkbox"/>
See records and receive a copy	<input type="checkbox"/>	<input type="checkbox"/>
Radiology (X-Rays, CT/MRI scans etc.)	Only available On CD Rom <input type="checkbox"/>	

Section 4: Declaration

You must sign this section, and the person you have named in section 7 (the counter signatory) must be present when you sign.

I declare that, as far as I know, the information I have given in this form is correct, and that (tick one box only):

I am the executor of the estate of the person who has died.	<input type="checkbox"/>
I am the personal representative of the person who has died and attach written confirmation of this.	<input type="checkbox"/>
I have a claim arising from the patient's death and want to access information relevant to my claim. I attach details of the grounds for my claim.	<input type="checkbox"/>

Details of my claim:

Signature:	Date:
Address:	
Phone number:	
Relationship to patient:	

Section 5: Countersignature

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Any of the following can sign.

- A Member of Parliament
- A Member of the Scottish Parliament
- A Justice of the Peace
- A minister of religion
- A professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
- A bank employee
- A civil servant
- A police officer

As the person countersigning, you only need to confirm the identity of the person applying, and be a witness when they sign the declaration in section 4. You do not need to see the rest of the form.

In some cases we may ask the person applying to produce more documents as proof of their identity.

I (write your full name) _____

confirm that I have known (name of the person applying) _____

for _____ years, and I was present when they signed the declaration.

Signature:		Date:	/ /
Full Name:		Profession: (for example teacher)	
Address:			
Postcode:		Phone number:	