Reference NO:

ACCESS TO HEALTH RECORDS ACT 1990
ACCESS APPLICATION FORM
(Deceased Patient's Records Only)

This application relates to data held in PATIENT MEDICAL RECORDS relating to the deceased. We apologise for any inconvenience in asking you to complete this form relating to your recent request for access to personal health data. However, you will appreciate that health data relating to any individual is highly confidential and that we must ensure releases to such data is only to authorised persons. You should study the enclosed notes very carefully and refer to them as appropriate when completing the Application Form. Please complete the Application Form as fully and accurately as possible.

The Access to Health Records Act 1990 gives statutory right of access to a deceased persons' health record. Access to a living person's health record must be made under the Data Protection Act 1998. If you require assistance please contact the Health Records Supervisor or Medical Contracts Officer (details listed below).

It should be noted that relatives of someone who has died have no right of access to the deceased's records unless they are their personal representative e.g. administrator or executor. If you have a claim as a result of a person's death, you can only see information that is relevant to the claim. This right is available under section 3(1)(f) of the Act. The grounds for making the claim must be clearly stated on this form (Section 4).

FEES PAYABLE

The fee charged will include a £10 administrative charge plus postage and the cost of copying which will be dependent on the number of copies requested including postage.

TIMESCALE

The 40 day timescale commences once the **applicable fee,** calculated from the information recorded on the form, has been paid. If we encounter any difficulties in locating your data we will keep you informed of our progress. For additional security provisions all requested information will have to be collected, unless other arrangements have been agreed, and you will be required to bring with you two forms of identification of which one has to be photographic e.g. passport or driving licence.

SUBMISSION OF FORM

Please return this form to the nominated individual highlighted in bold below.

CONTACT

Health Records Supervisor (Legal)	**Medical Contracts Officer**
Health Records Department **Forth Valley Royal Hospital** **Stirling Road** **LARBERT** **FK5 4RW**	Primary Care Contractor Services Forth Valley NHS Board, Suite 2 Carseview House Castle Business Park STIRLING, FK9 4SW
E-mail: fv-uhb.healthrecs-legal@nhs.net	Tel: 01786 457222

Reference NO:

ACCESS TO HEALTH RECORDS ACT 1990
REQUEST FOR ACCESS TO PERSONAL HEALTH DATA

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

Access to health records is an important matter. The release of certain data may in certain circumstances cause distress. You may wish to consult an appropriate health professional before completing your application.

When completing the form by hand please use Black Ink and BLOCK CAPITALS

SECTION 1: RIGHT OF ACCESS (evidence required)

Please tick appropriate box

- ❑ I am the deceased patient's personal representative (Executor/Power of Attorney)
  Individuals meeting the criteria above will be required to provide proof, e.g. a copy of the will naming the Executor

- ❑ I have a claim arising from the patient's death and wish to access information relevant to my claim. Evidence to support my claim is detailed below. **Individuals meeting this criteria will be required to provide proof such as a letter from solicitor regarding a claim and provide details below.**

SECTION 2: DECEASED PATIENT DETAILS (Note 1)

Last Name:	**First name(s):**
Date of Birth:	**Sex:**
Address: **Postcode:**	**CHI (Community Health Index) or Hospital Number (if known):**

If relevant, please provide further details below:

Previous Surname	1.	2.
Previous Address		

SECTION 3: INFORMATION YOU REQUIRE (Note 2)

Please provide as much information as possible such as if there is specific information you wish to access in the space provided overleaf.

Reference NO:

Further Information: if the criteria in section 1 of the application does not apply to you and you would still like to access records of a deceased person, please provide details of why you require access

SECTION 4: TYPE OF RECORDS REQUESTED (Note 3)

Please specify your preference by placing an X in the appropriate sections - please discuss with staff if you are unsure.

	(please circle)		(please circle)
GP Practice Record	**Yes / No**	**Hospital Record**	**Yes / No**

Details	**Manual (Paper)**	**Computerised**
View original records only	☐	**N/A**
Requesting copy	☐	☐

SECTION 5: DECLARATION (Note 4)

This section of the form **must** be completed in the presence of the person who countersigns your application.

Applicants Details (Note 5)

Applicants Name (please print)	
Address to which reply should be sent (include Postcode)	
Contact Telephone Number:	
Signature of Applicant	

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 the health record referred to above under the terms of the Access to Health Records Act 1990.

Release of Information

Maintaining the confidentiality and security of personal information is of up most importance to NHS Forth Valley. Copies of information will be sent using Special Delivery (cost is included in the fee) unless collection in person has been arranged with the Health Records Legal Team (please tick the box below to indicate choice). When collecting information two forms of identification will be required, one should be photographic identification e.g. passport, driving licence, bus pass or national identity card. **Please note:** no information will be released until payment has been received. If payment is not received within 1 month of the invoice, your request will be treated as null and void and a new request will have to be submitted.

I agree to these terms and will pay the prescribed fee and also acknowledge that until payment has been made to NHS Forth Valley no information will be released.

Reference NO:

Name (please print)**:**		**Date:**	
Signature:			
Collection / Delivery Method	Secure Special Delivery ☐	Collect in Person ☐	

SECTION 6: COUNTERSIGNATURE (Note 5) – Must be Completed

Because of the confidential nature of data held by Health Organisations it is essential for us to obtain proof of your identity and your right to receive any relevant data. For this purpose it is essential that your application should be countersigned by any one of the following:

- Member of Parliament or Member of the Scottish Parliament,
- Justice of the Peace,
- Minister of Religion,
- Professionally qualified person (for example, Doctor, Lawyer, Engineer, Teacher),
- Bank Employee,
- Civil Servant,
- Police Officer or
- a person of similar standing **WHO HAS KNOWN YOU PERSONALLY**.

The person who countersigns your application is only required to confirm your identity and witness you signing the 'Declaration'. There is no requirement for this person to either see the contents of the rest of the form or to give any assurance that the other particulars supplied are correct**. A relative should not countersign**. The health board has a right to confirm that the countersignature is genuine

I (insert full name) .....

Certify that the applicant (insert name) .....

Has been known to me for ..... years and that I have witnessed the signing of the above declaration.

Full Name: please print	**Profession**:
Address (inc Postcode):	**Telephone Number:**
Signature:	**Date:**

Please Note: access is not an automatic right and applications will be considered on a case by case basis. In extreme circumstances we may release the last episode of care to applicants who do not meet the criteria.

OFFICAL USE ONLY

CRN/CHI Number:		Date sent to Clinician:	
Date Request Received:		Name of Clinician:	
Date form sent to applicant:		Signature of Clinician:	
Date form returned:			
Countersignature checked:		Date returned from Clinician:	
Amount paid:			
Method of payment:		**Date access request completed**	

Reference NO:

NOTES TO ASSIST IN THE COMPLETION OF THE FORM

NHS Forth Valley

HEALTH PROFESSIONAL

An appropriate health professional may include, General Practitioner (GP), Hospital Doctor, Nurse, Midwife or Health Visitor, Dentist, Optician, Pharmacist, Clinical Psychologist, Occupational Therapist, Dietician, Physiotherapist, Podiatrist or Speech and Language Therapist.

DECEASED PATIENT DETAILS (Note 1)

Please ensure that this section is completed as fully and accurately as possible to enable us to trace the relevant data. This is particularly important as names and/or addresses may have changed since the period to which your application refers.

INFORMATION YOU REQUIRE (Note 2)

Please complete as much of this section relating to the patient's treatment as you can. It will help us to find details with the minimum of delay. While you are entitled under The Access to Health Records Act 1990 to receive data recorded on records on or after the 1st November 1991 you may wish only to receive information relating to one or more specific episodes of care or treatment. If this is the case please specify in the 'comments section' provided or discuss with the person giving access.

TYPE OF RECORDS REQUESTED (Note 3)

If you wish to view the original records you will be invited to attend the hospital/clinic at a convenient time to view them in the company of a member of the medical records staff. If you wish to receive photocopies these will, be sent out to you, upon receipt of fee payment, within the allocated timescale specified by the Act.

Where you have requested a photocopy of the relevant records, the Clinician responsible for the care of the patient may invite you to come and discuss them so that the meaning of the information held in the record can be explained to you. You are not obliged to accept such an invitation but it would be in your best interests to do so.

DECLARATION (Note 4) – Must be Completed

The person making the application must complete this section indicating that they are either:

a) the deceased patient's personal representative (e.g. the executor of the deceased patient's estate) and attach confirmation of status
b) have a claim arising from the patient's death and wish to access information relevant to their claim and has provided details

APPLICANT (Note 5)

The applicant is the person who is applying for access to the records.

COUNTERSIGNATURE (Note 6) – Must be Completed

Because of the confidential nature of data held by Health Organisations it is essential for us to obtain proof of your identity and your right to receive any relevant data. For this purpose it is essential that your application should be countersigned by any one of the following: Member of Parliament/Scottish Parliament, Justice of the Peace, Minister of Religion, Professionally qualified person (for example, doctor, lawyer, engineer, teacher), Bank Employee, Civil Servant, Police Officer or a person of similar standing **WHO HAS KNOWN YOU PERSONALLY**. The person who countersigns your application is only required to confirm your identity and witness you signing the 'Declaration'. There is no requirement for this person to either see the contents of the rest of the form or to give any assurance that the other particulars supplied are correct**. A relative should not countersign**. The health board has a right to confirm that the countersignature is genuine.

You will be asked to produce two documentary pieces of evidence of identity when collecting the information, one should be photographic e.g. passport, driving licence, bus pass or national identity card, the other a utility bill e.g. gas or electric bill or council tax.