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| **APPENDIX A**  **REQUEST FOR ACCESS TO RECORDS**  **Details of the Record to be accessed**  **Patient** Surname .................................................................................... |

Forename(s) .................................................................................

Date of Birth .......... / ........... / ............. NHS Number *(if known)* ...................................

Hospital Reference Number *(if known)* .............................................................................

Please indicate which records you require to enable us to locate the information within the specified timescale.

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**Details of Applicant (if different from above)**

**Applicant’s** Surname .................................................................................................................

Forename(s)................................................................................................

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| DECLARATION  I declare that 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) / Data Protection Act (2018) and the General Data Protection Regulation (GDPR).  ❑ I am the patient  ❑ I have been asked to act by the patient and attach the patient’s written authorisation.  ❑ I have parental responsibility/legal guardianship for the patient who is under age 16 and  [is incapable of understanding the request [has consented to me making this request] (delete  appropriately)  ❑ I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order  ❑ I am the deceased patient’s personal representative and attach confirmation of my appointment.   * I have a claim arising from the patient’s death and wish to access information relevant to my claim on grounds that:   **...........................................................................................................................................**  **...............................................................................................................................................**  I am aware that information must be provided free of charge unless my request is manifestly unfounded or excessive, in which case the CCG may charge a fee based on the administration costs of the request.  Signed ................................................................................. Date ........................................  **Please Note: It will be necessary to provide evidence of identity (i.e.: Driving Licence). If there is any doubt of the applicant’s identity or entitlement, information may not be released. You will be informed if this is the case. (See guidance for applicants proof of identity in Appendix C)** |