

# Access to Health Records Act 1990 Application (Deceased Individuals)

SECTION 1. PATIENT DETAILS (DECEASED INDIVIDUAL)			
<b>Forename(s):</b>			
<b>Surname:</b>			
<b>Date of Birth:</b>		<b>Date of Death:</b>	
<b>NHS Number (if known):</b>			
<b>Address / Postcode: Contact Number:</b>			
If details were different when the above was known to the Practice, please provide them below:			
<b>Forename/Surname:</b>			
<b>Address / Postcode:</b>			
SECTION 2. REPRESENTATIVE DETAILS (PERSON REQUESTING INFORMATION)			
<b>Forename(s):</b>			
<b>Surname:</b>			
<b>Address / Postcode:</b>			
<b>Telephone</b>			
<b>Relationship:</b>			
SECTION 3. ACCESS		How you would like to access the records?	tick box <input type="checkbox"/>
I wish to <b>view</b> the records personally			
I wish to have a <b>copy</b> of the records sent to me			

## SECTION 4. PROOF OF IDENTITY

We require **two** forms of identification for you, the representative; between them they should bear a combination of your name, current address and signature. Acceptable forms of ID:

- Full driving licence
- Birth or marriage certificate
- Passport
- Council Tax bill or utility bill (within last 4 months)
- ID card
- Benefit or Pension entitlement

**PLEASE NOTE:** In order to prove parental rights, the Practice can only accept LONG birth certificates that show the parent(s) details.

We require **copies** of certain documents to establish your entitlement to the information you have requested.

If you are the patient's personal representative, e.g. executor or administrator of estate, please provide evidence in the form of:

- Solicitor's letter
- Copy of the will / probate documents / letters of administration, and/or
- Letter from the executor to give authority to another individual to access the records.

If you have a claim arising out of the patient's death, please provide evidence in the form of:

- Solicitor's letter,
- Insurance claim / letter, and/or
- Evidence of a genetic problem (doctor or solicitor's letter to support).

If none of the above applies, please provide a summary as to why you require the information:

.....  
.....  
.....

## SECTION 5: DECLARATION

I declare that the information I have given is correct to the best of my knowledge and I am entitled to apply for access to these records under the Access to Health Records Act 1990. I understand it is an offence to attempt to obtain information without authorisation.

I confirm I am providing **copies** of the following documents with my application:

tick box ✓

x2 identification documents **AND**

Confirmation of appointment as executor of the estate **OR**

Confirmation of appointment of administrator **OR**

Proof of claim

**PRINT NAME:**

**Date:**

**Signature:**

## **IMPORTANT INFORMATION FOR APPLICANTS – PLEASE RETAIN**

The Access to Health Records Act 1990 allows:

- a deceased patient's personal representative (usually the executor of the will or administrator of the estate), access to their health records, or
- a person who may have a claim arising from the patient's death access to records relevant to the claim.

**Please note: Next of kin do not have an automatic right to access information. Cases will be considered on an individual basis.**

We require certain details to retrieve records so it is important to provide us with as much detail about the information you

Proof of identity is required from any representative authorised to access information. Types of acceptable information can be found in section 5. **Please do not send original documents.**

**Please note: We have no obligation to comply with a request unless we have been provided with sufficient information to identify the patient and locate the information held about them.**

There may be situations where access to information may be limited or denied:

- If a patient informed the Practice prior to their death that they did not want certain people to have access to their information, the Practice must uphold that request even after their death.
- Information released may cause serious harm to the physical or mental health or condition of the patient, or any other person, or
- Access would disclose information relating to or provided by a third party who can be identified and has not consented to disclosure unless:
  - The third party is a health professional who has compiled or contributed to the health records or who has been involved with the care of the patient,
  - The third party, who is not a health professional, gives their consent to disclosure of that information, or
  - It is reasonable to disclose without that third party's consent if it is in the public's best interest (e.g., would stop a crime from occurring).

The Practice will aim to process your request within 40 days from the date of receiving a valid request.

**Please return this completed form and copies of your identification to:**

**Sefton Park Medical Centre  
Smithdown Road  
Liverpool  
L15 2LQ**

If you have not received an acknowledgement of your application within two weeks, please contact us on 0151 295 8700.