**Application for Access to General Practice Medical Records**

**(Deceased Patients)**

**Please consider the below information before completing the Application for Access to Confidential GP Health Records form**.

**Application information**

Access to medical records is governed by the Access to Health Records Act 1990 for deceased patients.

**People who can apply for access to a deceased person’s medical records**

1. Someone acting on behalf of the patient, for example:

➢ By court order or appointment.

➢ A deceased patient’s personal representative – someone who is executor/administrator of their will.

➢ Someone who may have a claim arising from the death of the patient.

**Please note that the Access to Health Records Act 1990 does not provide automatic access to medical records for the deceased’s next of kin. They must satisfy the above criteria for access to a deceased patient’s records.**

**Requirements**

When making your application we ask that you give details of the time periods and parts of the health record which you require, if applicable, to assist with processing the application.

If you are the executor/administrator or the personal representative of a deceased person you will need to provide documentary evidence of this.

To make an application, you must provide evidence of your identity – this must include one form of personal photographic ID and one form of proof of address. Further information of what forms of identification can be accepted is given within the application form. (See Identification sheet)

If you are making the application as an individual’s legal representative (e.g. you are a solicitor or insurance company), you must provide written authorisation from the applicant to act on their behalf and explicit permission to obtain a copy of their medical record.

Applicants who may have a claim arising out of the patient’s death have a right of access to information in the deceased person’s records directly relevant to the claim. **Please note, Information which is not directly relevant to the claim will not be disclosed.** We will consult an appropriate health professional who will review the applicants claim and decide which records may be released. You **must** provide a detailed narrative of the claim.

The health professional may request additional information to support your application if the information provided is insufficient to assess the record’s suitability for disclosure.

**Submission of Application**

* Please send your completed application form, copies of relevant identification and supporting documentation via email to [The](mailto:pcse.accessrequests@nhs.net) Practice Manager. If you are unable to submit your request via email, please forward your completed application to the following postal address

The Maples Health Centre

Vancouver Road

Broxbourne

Herts EN10 6FD

* Once your completed application form, together with the appropriate supporting evidence of your identity and supporting documentation to make the request are received, we will retrieve the health records and process the request.
* **Incomplete applications will be returned with correspondence stating what would be required for the application to be accepted. Please note we do not retain any documentation.**

**Disclosure**

We will endeavor to deal with your application within 40 days, in accordance with the Access to Health Records Act 1990. In exceptional circumstances this may not be possible but we will update you and keep you informed of the delay and likely timescales.

You are entitled to view the record, rather than receiving a copy of it. There is no charge for this. If you would like to view the record, please state this in your application and we will schedule an appointment for you to view the record at an appropriate time

**There are certain circumstances in which the health professional may deny access to the complete records or to certain parts of the record**:

The Health Professional has deemed notes not suitable for disclosure as they are not within the scope of the request.

Where an individual other than the patient (and appropriate health professionals) could be identified from the information (unless the individual consents).

In the case of deceased records, the deceased person stated that they did not wish for any part of their records to be released after death, or the information contained within the records was such that the deceased person expected them to remain confidential.

In the case of deceased records, access cannot be given to records made prior to November 1991. (S.5(1)(b) Access to Health Records Act 1990)

Deceased patient who died over 10yrs ago.

**1.0 Application Form**

**Patients Details**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Previous/Other Names /Surnames  *(if applicable, otherwise enter N/A)* |  |
| Date of Birth |  |
| NHS Number (If known) |  |
| Date of Death (If known) |  |
| Address, including postcode |  |

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

\*Solicitors and Insurance companies must insert their client’s details below.

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address, including postcode |  |
| Telephone number |  |
| Contact Email |  |
| Relationship to the Individual |  |

**2.0**

**REQUEST INFORMATION**

Please tell us the dates of the records you require.

|  |
| --- |
|  |

**Reason for access (**Please give a full and detailed description ensuring that any relevant dates of the incident in question are included

|  |
| --- |
|  |

**2.1 Authorising a Solicitor/Agent/Insurance Company (if applicable)**

I have appointed the following Solicitor/Agent/Insurance Company to act upon my behalf

|  |  |
| --- | --- |
| Solicitor/Agent/Insurance Company Name: |  |
| Appointed Contact: |  |
| Address: |  |
| Email Address: |  |
| Case Reference Number: |  |

I understand that filling in this section gives us permission to disclose copies of the medical records to the Solicitor/Agent/Insurance Company detailed above.

Please provide the Solicitor/Agent/Insurance Company copies of the medical record in line with the Access to Health Records Act 1990 within 40 days.

|  |  |
| --- | --- |
| Print Your Name: |  |
| Your Signature:  (We are unable to accept typed names as signatures, please sign by hand or e-signature) |  |
| Date: |  |

**2.2**

**DECLARATION BY 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 under the provisions of the Access to Health Records Act 1990.

**A**

**I am the Deceased Patient’s Appointed Personal Representative and attach a photocopy of confirmation of my appointment: (Tick the relevant box below)**

[ ] Grant of Probate

[ ] Letter of Administration

[ ] Certified Copy of the Last Will & Testament (a Will can only be accepted as proof of appointment when the application is submitted through a solicitor, or when the request is in relation to a Continuing Healthcare claim)

(Should you fail to provide one or more of the above requested documents, your application will be returned to you. We cannot accept Lasting Power of Attorney as proof of Personal Representative.)

**B**

**I have / may have a claim arising from the patient’s death and have provided written details below. (Please ensure that any relevant dates of the incident in question are included)**

|  |
| --- |
|  |

I understand that filling in and signing this form gives us permission to disclose copies of

(enter patient name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s medical records.

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 under the provisions of the Access to Health Records Act 1990.

|  |  |
| --- | --- |
| **Print Your Name**: |  |
| **Your Signature**:  (We are unable to accept typed names as signatures, please sign by hand or e-signature) |  |
| **Date**: |  |

**3.0**

**IDENTIFICATION**

**We only require photocopies of identification documents:**

**• One form of photo personal ID**

**AND**

**• One proof of current home address**

**Acceptable Photo Personal Identity Documents:**

* Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities passports
* Passports of non-EU nationals, a visa or a UK residence permit showing the immigration status of the holder in the UK
* Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine)
* A national ID card and/or other valid documentation relating to immigration status and permission to work

**Where the applicant is not able to provide acceptable photographic ID, the following must be provided:**

* One form of non-photographic personal identification and one document confirming the address must be provided from different sources.

**AND**

* A passport sized photograph, endorsed on the back with a signature of a ‘person of standing’ who has known them for at least 3 years (e.g. magistrate, medical practitioner, officer of the armed forces, teacher, lawyer or civil servant). Please provide a When providing a passport photo the certified photo form in section 6.0 must be completed.

*Any document not listed above is not an acceptable form of identification e.g. organisational ID card.*

**Acceptable Non-Photo Personal Identity Documents:**

* Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)
* Current full driving license (old version); (provisional driving licenses are not acceptable)
* Residence permit issued by Home Office to EU Nationals on inspection of own-country passport
* Adoption certificate
* Marriage / civil partnership certificate
* Divorce or annulment papers
* Police registration document
* Certificate of employment in HM Forces
* Current benefit book or card or original notification letter from the Department of Work and Pensions (DWP) confirming legal right to benefit
* Most recent HM Revenues and Customs (previously Inland Revenue) tax notification
* Current firearms certificate
* Application Registration Card (ARC) issued to people seeking asylum in the UK (or previously issued standard acknowledgement letters, SAL1 or SAL2 forms)
* GV3 form issued to people who want to travel in the UK without valid travel documents
* Home Office letter IS KOS EX or KOS EX2
* Building industry sub-contractor’s certificate issued by HM Revenues and Customs (previously Inland Revenue)
* EEA member state identity card

**To confirm address, the following documents are acceptable:**

* Recent utility bill or a certificate from a supplier of utilities (Telephone (landline phone), Water, Electricity or Gas) confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills will not be accepted). Utility bills in joint names are permissible.
* Local authority council tax bill for the current council tax year
* Current Full UK photo card driving licence (if not already presented as a personal ID document)
* Current Full UK driving licence (old version) (if not already presented as a personal ID document)
* Bank, building society or credit union statement or passbook containing current address
* Most recent mortgage statement from a recognised lender \*
* Current local Council tenancy agreement
* Current Private tenancy agreement
* Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit
* Confirmation from an electoral register search that a person of that name lives at the claimed address \*
* Court Order \*
* Parental Court Order \*
* HMRC self-assessment letters or tax demands dated within the current financial year
* Medical card or letter of confirmation from GP’s practice of registration with the surgery

**\*** The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g. clear evidence that the person was not living in the UK for 6 months or more) and they must contain the name and address of the applicant.

We will accept the overseas equivalent of the above documents for claimants who live abroad.

**Documents we will not accept include, but are not limited to:**

* Provisional driving license
* Mobile phone bills
* Credit or store card statements

**Copies of documents & Certificates:**

We would prefer that you do not send original documents of identity when submitting your application. We will accept clear and legible quality copies of certificates and identification documents and where required, which have been certified by one of the following as a true copy of the original that they have seen.

**Note**: Certifications are only required if you are unable to provide the required identification i.e. due to homelessness, immigration status issues, in prison etc.

Please also note that this is not an exhaustive list and all cases are considered on a case by case basis therefore, it is important that you provide supporting information/documentation (if you are able) to support your application and reasons why you are unable to provide the standard identity documents. This will also allow us to process your application effectively and avoid any delays.

**Within the UK:**

* A practising solicitor (in which case, they should state their name and qualification as well as the name and address of the firm in which they are employed)
* The Post Office’s ID checking service (in which case, please also include the completed ID Checking Service form which has been stamped by the Post Office)

**Outside the UK:**

A Notary Public registered in their country of residence who should provide an Apostille certificate for each document.

**4.0**

**Consent to Email your completed request.**

We are now able to complete requests and send records electronically via secure email. Please confirm you wish to receive the records via secure email and specify the email address that the records should be sent to.

I confirm I am happy to receive the outcome of my request via email to the below email address.

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Print Your Name**: |  |
| **Your Signature**:  (We are unable to accept typed names as signatures, please sign by hand or e-signature) |  |
| **Date**: |  |

**5.0**

**Application Checklist**

[ ] 1.0 Patient Details complete

[ ] 2.0 Request information complete

[ ] 2.1 Form of Authority complete (**If required**)

[ ] 2.2 Declaration by Applicant complete

[ ] 2.2 An Evidence of Personal Representative attached

(**If required**)

[ ] 3.0 Acceptable Proof of Address provided

[ ] 3.0 Acceptable Proof of ID provided

[ ] 4.0 Consent to email your completed request

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out your request in accordance with the Access to Health Records Act 1990. After your request is completed your information will be retained for a statutory time period (currently 6 years), after which date it will be securely destroyed