BACKGROUND

With effect from 1st March 2000, the right of access to a deceased patient's health records will remain under the Access to Health Records Act 1990. The Act provides the right of access to health records created from 1st November 1991.

People who may apply include the deceased patient's personal representative, and anyone who has a claim arising from the patient's death.

RIGHTS

The Act gives rights of access, but the record holder may withhold information which might cause serious harm to the physical or mental health of the data subject or any other person. If there is information held on record that will identify any third party, then we may need, under certain circumstances, to seek their permission prior to disclosure. The record holder does not have to disclose the fact that information has been withheld.

People applying for access to health records will be charged a fee to cover administrative and copying costs.

If you think you may not have received all the information you are entitled to, your rights will then be explained to you. Where the holder of the record is the hospital, you should take the matter up in the first instance with the Subject Access Supervisor on Tel: 01865 234853

CONFIDENTIALITY

Individuals have a right to have their personal information kept confidential, and record holders are obliged to be satisfied that an applicant is the individual, or is otherwise entitled to access the patient’s records. At the least, we will need to check your identity, but we may also have to make further enquiries.

These rights are in addition to existing informal voluntary arrangements made in the hospital for allowing patients to see their records at the discretion of the health professional responsible for their care and treatment.

ADDRESS FOR COMPLETED REQUESTS:

For the attention of:
Subject Access Team
Data Quality Department
Level 3
West Wing,
Headley Way
Headington
Oxford
OX3 9DU
APPLICATION FOR ACCESS TO HEALTH RECORDS
(ACCESS TO HEALTH RECORDS ACT 1990)

The Access to Health Records Act which came into effect from 1 November 1991 will as from 1st March 2000, only cover requests for access to a deceased patient's health records.

**Details of the records to be accessed:**

<table>
<thead>
<tr>
<th>Patient:</th>
<th>Surname: ..........................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename(s):</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Address:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>.................................................................</td>
</tr>
<tr>
<td>Date of Death:</td>
<td>.................................................................</td>
</tr>
<tr>
<td>NHS Number:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Hospital Reference No. (if known)</td>
<td>.................................................................</td>
</tr>
<tr>
<td>Record in respect of treatment for:</td>
<td>(State condition/illness) .............................................</td>
</tr>
<tr>
<td>Dates from:</td>
<td>................................................................. to .................................................................</td>
</tr>
</tbody>
</table>

Please define the type of information you are requesting.

- Paper records [ ]
- Computer records [ ]
- Other [ ]

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APPLICATION FOR ACCESS TO HEALTH RECORDS  
(Access to Health Records Act 1990)

**Details of applicant applying for Access:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Forename(s):</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Home Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Relationship to patient:</td>
<td></td>
</tr>
</tbody>
</table>

**Declaration:**

I declare that the information given by me about my application for access is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Access to Health Records Act 1990.

Signature of applicant: .................................................................

Please tick

**The patient is deceased and:**

I am the deceased patient's personal representative and attach confirmation of my appointment

I have a claim arising from the patient's death on the following grounds: (use separate sheet if necessary).

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

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

........................................................................................................
APPLICATION FOR ACCESS TO HEALTH RECORDS
(ACCESS TO HEALTH RECORDS ACT 1990)

Proof of Identity:

We must see original documents and are unable to accept photocopies. Please note that we will return all documents sent to us via recorded delivery.

However, certified copies can be accepted, these can be obtained from the post office (fee is applicable) or a copy of the document which has been signed and certified by a professional, not related to you, must include the following declaration:

"I, .................................., certify that these are true copies of the original document.
Signed:.......................... Date.............. Job Title......................"

Please indicate which documents have been included as proof of data subject's representatives identity (please tick):

I am the Data subject's representative and provide one of the following:

☐ Driving License issued by a member state of the EC/EEA

☐ Full Valid Current Passport or ID Card issued by a member state of the EC/EEA or Travel Documents issued by the Home Office or Certificate of Naturalisation or Registration or Home Office Standard Acknowledgement Letter (SAL)

☐ Birth Certificate or Certificate of Registry of Birth or Adoption certificate

We also require proof of the representatives' address by supplying one of the following documents:

☐ Gas, electricity, water or telephone bill in the Data Subject's name for the last quarter

☐ Council Tax demand in the Data Subject's name for the last quarter

☐ Bank, building society or credit card statement in the Data Subject's name for the last quarter

☐ Letter to Data Subject from solicitor/social worker/probation officer in the last quarter

If you choose to deliver your documents in person, we will do our best to process these on the day. If not we will return documents to you by recorded delivery.