

# Access to Health Records ACT 1990

## (Access to records relating to deceased patient)

### Background

With effect from 1<sup>st</sup> March 2000, under the Access to Health Records Act 1990, the right of access to a deceased patient's health records is available for:

- The deceased's personal representative.
- Or those who have a claim arising from the patient's death.

The Act provides the right of access to health records created from 1<sup>st</sup> November 1991.

### Rights

The Act provides for the right of access. However, the record holder may withhold information which might cause serious harm to physical or mental health of any individual, or might identify a third party. The record holder does not have to disclose the fact that information has been withheld.

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 Team via the hospital switchboard or email.

### Confidentiality

Patients have a right to have their personal health information kept confidential. Record holders are obliged to be satisfied that an applicant is the patient's representative, or is otherwise entitled to access the patient's records. As a requirement, we will need to check your identity. However, we may also have to make further enquiries.

### Making a Request

You may make a request by contacting the Subject Access Team:

By phone, via the Trust's Switchboard on 0300 304 7777

By email, [subject.accessrequest@ouh.nhs.uk](mailto:subject.accessrequest@ouh.nhs.uk)

By post, The Subject Access Team, Level 3, West Wing, John Radcliffe Hospital, Headley Way, Headington, Oxford, OX3 9DU

### Radiology Images

The Subject Access Team do not deal with Radiology Images if you require access to your images you will need to contact the PACS team on [patientimagerequest@ouh.nhs.uk](mailto:patientimagerequest@ouh.nhs.uk)

## Details of the Data Subject (Deceased Patient):

|                                 |  |
|---------------------------------|--|
| Title:                          |  |
| Surname:                        |  |
| First Name:                     |  |
| Date of Birth:                  |  |
| Date of Death:                  |  |
| Address:                        |  |
| Post Code:                      |  |
| Contact Number:                 |  |
| Email Address:                  |  |
| NHS Number/<br>Hospital Number: |  |

|                     |  |
|---------------------|--|
| Previous Names:     |  |
| Previous Addresses: |  |

To help us to locate and provide the information you are requesting, please use the box below to give as much detail as possible to help us with responding to your request promptly.

|                            |
|----------------------------|
| Dates from ..... To: ..... |
|                            |

Could you also choose **ONE** of the following options as to how you would like to receive your copy records:

- Email  
 Post

## Details of applicant applying for Access:

|                                      |  |
|--------------------------------------|--|
| <b>Full Name:</b>                    |  |
| <b>Address:</b>                      |  |
| <b>Post Code:</b>                    |  |
| <b>Contact Number:</b>               |  |
| <b>Email Address:</b>                |  |
| <b>Relationship to the Deceased:</b> |  |

## Declaration

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 records referred to the above under the terms of the General Data Protection Regulation 2018/Data Protection Act 2018.

|  |                          |
|--|--------------------------|
| <b>Please tick the relevant statement:</b>   |                          |
| I am the deceased patient's representative   | <input type="checkbox"/> |
| I have a claim arising from the patient's death on the following grounds<br><b>Please state the grounds of your claim:</b> | <input type="checkbox"/> |
| <b>Signature of applicant:</b>   |                          |
| <b>Date:</b>   |                          |

## Proof of Identity:

We must see appropriate proof of identity to be confident we are releasing data to the correct person.

We are happy for you to send us copy documents by post or email but please be advised that the Trust reserves the right to request original documentation at any time. You may also attend the office in person with your original or copy documents. All original documents sent to us will be returned by recorded delivery.

A list of documents required to verify identity is provided below. Please indicate which documents you intend to use to demonstrate proof of identity (please tick).

| The Trust requires one piece of evidence from column A, column B <b>and</b> column C. |  |  |                          |
|---|--|--|--------------------------|
| Column A<br>Requestor's photo ID  | Column B<br>Requestor's proof of address | Column C<br>Documentation of deceased patient                        |                          |
| UK Driving License, or license issued by an EU member state                           | <input type="checkbox"/>                 | Utilities bill in the requestor's name for the previous quarter      | <input type="checkbox"/> |
| UK Passport, or passport issued by an EU member state                                 | <input type="checkbox"/>                 | Council tax demand in the requestor's name for the previous quarter  | <input type="checkbox"/> |
| Travel documents issued by the Home Office  | <input type="checkbox"/>                 | Financial statement in the requestor's name for the previous quarter | <input type="checkbox"/> |
| Certificate of Naturalisation or Home Office Registration                             | <input type="checkbox"/>                 | Letter to requestor from government agency for the previous quarter  | <input type="checkbox"/> |
| Certificate of birth, or adoption (only accepted when requestor has no photo ID)      | <input type="checkbox"/>                 |  |                          |

If you are not next kin we will need written permission from the next of kin in order to disclose the records.

Please note that if further checks are required to confirm identity, the Subject Access Team reserve the right to request certified copies of identity documents or original documents from applicants before processing an application.

If the patient's name is different from that shown on the document you submit, you must also supply the original/copy documentary evidence to confirm the data subject's change of name, such as a marriage certificate, decree absolute, deed poll etc.

If you choose to deliver your documents in person, your ID will be checked by a member of the Subject Access Team.