

Confidential

APPLICATION FOR ACCESS TO HEALTH RECORDS

ACCESS TO HEALTH RECORDS ACT 1990

Please note that there will be charge of £10 applicable for administration costs plus 25p for each sheet copied from the medical record. Cheques or postal orders should not be sent with the application form as an invoice will be sent following the provision of copies of the record.

PATIENT'S DETAILS

Surname.....Forename.....

Date of birth.....Hospital No.....

Address.....

.....

Postcode.....Telephone No.....

Please give dates of treatment or clinic attendances for which access to information is requested

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DETAILS OF APPLICANT

Applicants Name.....

Address.....

.....

Postcode.....Telephone No.....

DECLARATION

I declare that the information given in this form is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to overleaf under the terms of the Access to Health Records Act 1990.

Please complete as appropriate:

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 grounds that

.....

.....

Signature of Applicant.....Date.....

AUTHORISATION

Please complete this section if you are giving your consent to another person who is acting on your behalf.

I hereby authorise St George's Healthcare NHS Trust to release personal information that they may hold on:

Name of deceased person.....

To (Name of person acting on your behalf).....

to whom I have given consent to act on my behalf.

Signature.....Date.....

COUNTER SIGNATURE

To be completed by an independent person to confirm your identity.

I (name).....certify that the applicant has been known to me as (state capacity).....foryears and that I have witnessed the signing of the above declaration.

Signed.....Date.....

Name..... Profession.....

Address.....

.....Telephone.....

Please return the completed application to the address below:

The Health Records Manager
Medical Records Department
St George's Healthcare NHS Trust
St George's Hospital
Blackshaw Road
London, SW17 0QT

OFFICIAL USE ONLY

Health Professional Advising

Access provided oncopies required.....

Signature.....Designation.....

FURTHER ACTION

Corrections requested.....

Copies provided.....

Fee applicable.....Invoice raised.....

Signature.....Date.....