Application for Access to Health Records Guidelines

Under the Data Protect Act 1998 you are entitled to have a copy of your health records.
To complete the application please complete **all** the relevant sections of the form.
Before any disclosure is made we will need to receive proof of your identity, this is to protect your confidentiality.

With your completed request form please attached a copy of one of the following:

1. **A photocopy of your passport**
2. **A photocopy of your driving license**

If you are unable to provide the requested form of identification then please contact a Medico Legal Officer who can provide assistance.

Please be aware that there will be cost of **£10-£50**. The cost varies depending on the information/documents you require. Once we have processed your application we will send out an invoice informing you of the cost (please do not attached cheques or postal orders to your application).

Application for minors
Applications made for access to children's health records are subject to additional checks as per the guidance given by the Department of Health.

Once we have accepted your application we will aim to have your records sent out to you within the statutory time frame of **40 days.**

If there are any issues with your application your will be contacted by a Medico Legal Officer.

Please send your completed application to the address below.

Medico Legal & Access Team
St George's University NHS Foundation Trust
Blackshaw Road
London,
SW17 0QT
Tel: 0208 725 0508
Email:MLAT@stgeorges.nhs.uk

St George's University Hospitals NHS
NHS Foundation Trust

Application for Access to Health Records and Deceased Health Records

Access to Health Records Act 1990

PATIENT'S DETAILS

Forename.. Surname...

Date of birth... Patient/NHS No…………………………………

Address...

....

Postcode..............................

Telephone No...............................……… Email…………………………………………………………

DETAILS OF APPLICANT (if different from above)

Applicants Name...

Address...

....

Postcode..............................

Telephone No.....................……………… Email…………………………………………………

Please give details of the health information required.

…...

…...

…...

…...

Please tick if you require the following:

☐ **Maternity** ☐ **Blood Test**

☐ **X-ray/MRI/CT** ☐ **Physiotherapy**

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 manual held health records referred to overleaf under the terms of the Data Protection Act 1998.

Please tick the appropriate box:

☐ I am the patient (Please provide photographic ID)

☐ I am acting on behalf of the person named overleaf

☐ I am acting in loco parentis and the patient is under 16 years of age and is incapable of understanding the request.

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

AUTHORISATION

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

Part 1: I hereby authorise St George's Healthcare NHS Trust to release personal information that they may hold on me in respect of the information requested overleaf to

(**Name**).. to whom I have given consent to act on my behalf.

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

Part 2: In the case of a person under the age of 16 a responsible adult **should** certify where appropriate that the child understands the nature of the application

I (**Full Name**)..

Address...

....

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

Certify that the applicant understands the nature of this application.

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

Please complete the following sections if you are applying for deceased health records.

☐ I am the deceased patient's personal representative and attach confirmation of my appointment (Please provide proof of appointment to the completed application.)

I have a claim arising from the patient's death on the grounds that ……………………......................

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

Please post the completed application to St George's Hospital

Health Records Manager
Access Administration
St George's Healthcare NHS Trust
St George's Hospital
Blackshaw Road
London, SW17 0QT

OFFICIAL USE ONLY

Officer advising.. Designation...

Access disclosed on....................................... Signature...

Fee applicable (Amount)................................ Fee Received......................................……

Delivery of Records

☐ Recorded delivery ☐ Collection

Officer Signature.. Date...

Collected by………………………………………….. Signature…………………………………

Date Collected………………………………………