

APPLICATION FOR ACCESS TO HEALTH RECORDS
 (SUBJECT ACCESS REQUEST - APPLICATION FORM)

The Access to Health Records Act 1990 (deceased patients ONLY) and the Data Protection Act (2018) give patients or their representatives a right of access, subject to certain exemptions, to their records. South London and Maudsley NHS Foundation Trust respects the rights of individuals to have as much information as possible about their diagnosis and treatment.

| Section 1- Details of the patient or applicant | |
|---|------------------------|
| Full name of patient: (Mr/Mrs/Miss/Ms/Dr etc.) | |
| Any former names: | |
| Sex | Date of Birth: |
| Current Address: | |
| Email address: | |
| Telephone Number: | NHS Number(if known): |
| Details of applicant (if different from above) | |
| Full name of applicant: | |
| Relationship to patient | |
| Address: | |
| Telephone Number: | Email address |
| Section 2 - Details of records to be accessed (please tick the relevant box) | |
| <input type="checkbox"/> I would like to view all my clinical records with a health professional (only applicable to current patients) | |
| <input type="checkbox"/> I would like copies of my clinical records dated from.....to.....supplied to me via email/post. | |
| <input type="checkbox"/> I would like copies of all my clinical records supplied to me via email/post. | |
| <input type="checkbox"/> I would like copies of all the patient's records supplied to me via email/post. | |
| <input type="checkbox"/> Other – please indicate: | |

Section 3 – Declaration (N.B. This section must be signed in the presence of the person who witnesses your application)

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation.
- I have power of attorney/deputyship for the patient (please provide evidence to support your claim)
- I have parental responsibility/legal guardianship for the patient who is under age 16 and [is incapable of understanding the request][has consented to me making this request] (delete appropriately) (please provide evidence to support your claim)
- I have been appointed the Guardian for the patient, who is over age 16 under a Guardianship order (please provide evidence to support your claim).
- I am the deceased patient's personal representative and attach confirmation of my appointment.
- It is a possible litigation case.
- I have a claim arising from the patient's death and wish to access information relevant to my claim (please provide evidence to support your claim)

To provide you with a copy of your health record the costs are: Free of charge

Please note that we may charge a fee for the administrative cost of providing further copies of records and copies of scans.

Declaration:

I declare that 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 above, under the terms of the Data Protection Act 2018 /Access to Health Records Act (1990) (deceased patients only)

Signed: Date:.....

Please Note:

- You need to provide with this form photocopies of evidence of identity (e.g. Passport\Driving Licence and other acceptable forms of identity i.e. Freedom pass, work ID with photo etc.
- If you are the applicant (not patient), you need to provide evidence to support your claim.
- You also need to provide proof of residence in the form of recent utility bills (i.e. gas, electricity, water, telephone but not mobile phones).
- If there is any doubt about the applicant's identity or entitlement, information may not be released. You will be informed if this is the case.

Section 4 – Please ask a witness to fill in this section (they must not be a family member)

Full name of witness:

Address:

Postcode:

Telephone:

I have known the applicant/ patient for years

As an employee/client/patient/personal friend or other

I have witnessed the applicant sign this form

Signed: Date:

Section 5 – Submitting your request

Once complete, please ensure that a signed copy of this form is sent in a sealed envelope (marked private and confidential) to:

**Data Protection Office
Maudsley Hospital
Denmark Hill
London
SE5 8AZ**

Alternatively it can be scanned and emailed to dataprotectionoffice@slam.nhs.uk .If you need further assistance please email or ring on 020 3228 5174.

Remember to include all the required documentation and the appropriate fee (please refer to checklist below) – failure to do so will delay your request.

Checklist:

- Have you signed and dated the form?
- Is your supporting evidence enclosed?
- Have you enclosed a copy of photo ID and utility bill?
- Is consent you are providing within 3 to 6 months old?