**Requests for access to records of the deceased**

**Please read these notes carefully before you proceed with your application**

We will need proof of identity from you if you are the applicant and confirmation that you are the lawful representative of the deceased. Under the Access to Health Records Act 1990 there are limited provisions in which access can be granted to the medical records of a deceased patient.

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| **Question**  | **Yes**  | **No** |
| 1. Are you acting in a formal legal capacity? i.e. a Solicitor |  |  |
| 2a. Are you named as an executor in the Will of the deceased with appropriate Grant of Probate or Letters of Administration? Or - |  |  |
| 2b. Do you have a claim arising from the patient death? |  |  |

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| If the answers to question 2 are no, please provide written evidence that you have the consent of the personal representative (executor of Will or administrator of estate) of the deceased to submit the applications. |
| If this is in relation to a claim and no Will is in existence, and Grant of Probate was not applied for, please provide evidence that you are the next of kin and of the relationship between you and the deceased (e.g. death certificate, birth certificate, marriage certificate etc.) Please note we will only be able to release information that is deemed relevant to your claim |

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| Health record copies will be provided in a password protected PDF securely e-mailed to you. If you will have difficulty accessing this please make a member of the team aware.Records can also be personally viewed by attending at the Trust upon appointment if required Please note that images can be supplied only via the Image Exchange Portal. Instructions on how to access these will be sent via email. This is to ensure the safety and security of the records. |
| Request for records are now free of charge. However if the Trust believes your request to be manifestly unfounded or excessive we can:1. Request a “reasonable fee” to deal with the request based on the administrative costs of complying with the request; or
2. Refuse to deal with the request.
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| We aim to process requests for access to records of deceased individuals within 40 calendar days of receiving a completed application. We will advise you in advance if your request is going to be delayed.If no entries, additions or amendments have been made to the record in the 40 calendar days prior to the date of application, the Trust had 21 calendar days from the date of receiving the request to either grant or refuse the request to access the deceased person’s record.If entries, additions or amendments have been made to the record in the 40 calendar days prior to the date of application, the Trust has 40 calendar days from the date of receiving the request to either grant or refuse the request to access the deceased person’s record. |
| Please note that there may be situations where health information may be limited or denied. In these situations we will provide you with reasons why information has been limited or denied. |

**Please return this completed form and identification to:**

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| **Email:** medwayft.sars@nhs.net**Post:** SARs Team, Legal Services, Residence 13Medway NHS Foundation Trust, Windmill Road, Gillingham, Kent, ME7 5NY | **For queries on how to complete the form contact the SARs team** on 01634 830000 ext 3495 |

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| **1. Patient Details (records to be accessed)** |
| Surname ……………………………………………………………………………………………. Forename(s) ………………………………………………………………………………………... Date of Birth ……………………………………Date of Death………………………….............. NHS Number:……………………………………………………………………………………….Address .....………………………………………………………………………………………….………………………………………………………………………………………………………..…………………………………………………Postcode .………………………………………If the name and/or address is different from the above, during the period(s) to which this application relates to , please give details below:Previous forename/surname ………………………………………………………………………Previous address…………………………………………………………………………………….………………………………………………………………………………………………………… |
| **2. Details of Applicant** |
| Surname ………………………………………Forename ……………………………………….. Address ……………………………………………………………………………………………………………………………………………………………………… Postcode .……………………Tel No ……………………………………….. Email …………………………………………….... Relationship to patient ……………………………………………………………………………… **NB: As per the instructions on page 1 we require confirmation you are the patient’s personal representative (section 4) or have a claim arising from the patient’s death.**  |
| **3. Option to view records in person** |
| * Please indicate if you wish to viewthe requested health records with an appropriate member of staff via mutually agreed appointment
 | Yes No |

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| **4. Please provide a brief summary of the information you require - service, date(s) treatments, e.g. MRI scans, inpatient stay** |
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| **5. Identification** |
| You must provide copies of one Primary and one Secondary form of identification. (Please see below) if you are the patient and applicant. If you are applying on behalf of the patient we will also require Primary and Secondary identification for you as well as the patient for the full list see below NB: if no photo ID is available please provide two forms of the Secondary identification. |
|  | **Forms of Primary identification** | **Tick** | **Forms of Secondary identification****(received within last 3 months)** | **Tick** |  |
| **Applicant** |  |
|  |  | Council tax bill |  |
| Driving license or Passport |  | Utility bill |  |
| Birth certificate |  | Other bill or statement addressed toyou |  |
| **Confirmation of Representation** |
| Grant of Probate or Letters ofAdministration |  |  |  |
| Proof of claim arising from patientDeath |  |  |  |
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| **6. Declaration** |
|  | I understand it is an offence to attempt to obtain information relating to another person without lawful grounds to do so. The information requested relates to a deceased patient and I am their personal representative or a person who has a claim arising out of their death, as specified within the Access to Health Records Act 1990. **Please note forms without a formal signature will not be accepted.**Applicant’s Signature: ……………………………………………Date:………………………… |  |