**APPLICATION FOR ACCESS TO DECEASED RECORDS**

**ACCESS TO HEALTH RECORDS ACT 1990**

IN CONFIDENCE

**Please read the Information Notes prior to completing this form in ink using block capitals. On completion return to:**

Access to Health Records, Oak House, Milton Keynes University Hospital NHS Foundation Trust, Standing Way, Eaglestone, Milton Keynes, MK6 5LD

**Via email to**

Accesstohealthrecords@mkuh.nhs.uk

Please fill out the deceased patient’s details below

HOSPITAL NO: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former/Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Known Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHICH OF THE FOLLOWING DO YOU REQUIRE?**

**Medical Records: Accident & Emergency:**

**X-Rays/Scans/Images Blood Test Results**

**Image Request’s**

**Please state what form you would like your images and reports in:**

Disc Image Exchange Portal (images)

**(Please note Imaging Discs are compatible with Windows only. Image exchange portal is a secure service, however you will need to provide a mobile telephone number for the password to be sent to enable access to the file)**

**How would you like to receive your records?**

Collect in Person Email Post

**Dates range of medical records required.**

FROM:- TO:-

Please be aware printed records will be sent by recorded delivery and a signature is required when received.

**DISCLOSURE OF INFORMATION**

Please read the Information Notes prior to completing this form in ink using block capitals.

**CERTIFICATION**

Please fill out your details below

I certify that I am (Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Of (address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTATION REQUIRED**

Below is the list of documents your will need to attached for your request to be processed. Please note we usually provide the last episode of care.

1. Access by the executor/Patient representative

* Photo ID
* Proof of address
* Death Certificate
* Proof of executor
* Claim arising from Estate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WARNING**

**You are advised that the making of false or misleading statements to obtain access to personal information to which you are not entitled is a criminal offence**

* The Access to Health Records Act 1990 (AHRA) provides a small cohort of people with a statutory right of to apply for access to information contained within a deceased person’s health record
* The personal representative is the only person who has an unqualified right of access to a deceased patient’s record and need give no reason for applying for access to a record. Individuals other than the personal representative have a legal right of access under the Act only where they can establish a claim arising from a patient’s death.
* Record holders must satisfy themselves as to the identity of applicants who should provide as much information to identify themselves as possible. Where an application is being made on the basis of a claim arising from the deceased’s death, applicants must provide evidence to support their claim. Personal representatives will also need to provide evidence of identity.

**Exemptions to disclosures of information relating to deceased patients.**

* If the deceased person had indicated that they did not wish information to be disclosed, or the record contains information that the deceased person expected to remain confidential, then it should remain so unless there is an overriding public interest in disclosing.
* In addition, the record holder has the right to deny or restrict access to the record if it is felt that:
  + disclosure would cause serious harm to the physical or mental health of any other person;
  + or would identify a third person, who has not consented to the release of that information.

Further Guidance: <https://www.nhs.uk/chq/Documents/Guidance%20for%20Access%20to%20Health%20Records%20Requests.pdf>