

Requests for access to records of the deceased under The Access to Health Records Act 1990

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.

Question	Yes	No
1 Are you acting in a formal legal capacity? i.e. solicitor		
2a Are you named as an executor in the Will of the deceased or 2b Do you have an Enduring/Lasting Power of Attorney for Health and Welfare or 2c Grant of Probate or Letters of Administration		
If the answers to Question 2 is no, please provide written evidence that you have the consent of the personal representatives 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		

Medical records can be provided in

- A password protected PDF securely emailed to you where the file size permits.
- Paper copy – a maximum of 100 pages (200 double-sided health record sheets).

Request for records are now free of charge. However if the practice 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.

Please note if the request is for a medical report to be created, or for interpretation of information within a medical report/record, this will fall under the Access to Medical Report Act (AMRA) - as these both require new data to be created, which is out with the scope of the GDPR and Subject Access Requests. In these cases, a fee can be charged.

The practice aims to process requests within one calendar month.

However, if your health record is deemed complex, a further two calendar months is allowed to fulfill the request; and in some cases, we may charge a fee to cover administrative expenses. There may also be situations where access to your medical records may be restricted or refused.

Please note that in the event any of these situations does apply, you will be notified promptly with reasons.

Please return this completed form and identification to:

The Elms Medical Practice, Tilley Close, Rochester, ME8 9AE

For queries on how to complete the form contact: Please call the practice on 01634 250142 and ask for the Practice Manager

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. Information required

This will all depend on how the Practices currently deal with requests		
<ul style="list-style-type: none">I wish to view the health records with an appropriate member of staff via mutually agreed appointment	Yes	No
I require copies of the health records in the following format:		
<ul style="list-style-type: none">encrypted pdf (where file size permits the records to be emailed)paper	Yes Yes	No No

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4. Please state the information you require - service, date(s) treatments etc. (Providing the exact information required if possible will assist us in responding quickly to your request)

5. Identification

You must provide copies of one Primary and one Secondary form of identification. (Please see below)
 For deceased patients we 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)	
Applicant			
Passport		Council tax bill	
Driving license or Passport		Utility bill	
Birth certificate		Other bill or statement addressed to you	
Confirmation of representation			
Enduring/Lasting Power of Attorney for Health and Welfare			
Grant of Probate or Letters of Administration			
Proof of claim arising from patient's Death			

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

Applicant's Signature:Date:.....

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