

**Subject Access Request
Access to Health Records Act 1990**

**Greater East Midlands
Commissioning Support Unit**

REQUESTING ACCESS TO A DECEASED PATIENT'S RECORDS

Notes to accompany Application Form

The Access to Health Records Act 1990:

The Access to Health Records Act 1990 allows certain individuals to request access to a deceased patient's health records.

Who can make a request for a deceased patient's records under the Act?

- The deceased patient's personal representative - this will be the Executor of the Will or Administrator of the deceased person's estate, or
- Any individual, or their representative, who may have a claim arising out of the patient's death. The applicant or their representative must specify what claim is being made, and only information that is relevant to the claim should be considered for release.

How you can request Access to Records:

Any request for access to someone's medical records must be made in writing and sent to:

**GEM CSU
Information Governance Department
Cross O Cliff
Bracebridge Heath
Lincoln
LN4 2HN**

**Tel: 01522 515331
Fax: 01522 515389**

Please provide sufficient information or complete a standard Subject Access Request form (SAR1) so that we have all relevant information to process your request. This form can be found at the end of this guidance.

Information requirements:

- The name, address and date of birth of the deceased patient
- Name and address of the person or agent making the request
- The records that are required (information such as relevant dates and disciplines attended would be useful in locating records)
- Other information that may be relevant - e.g. NHS number.

Evidence of identity and authority:

GEM CSU will not process your request unless we are certain that you are the person that you say you are. In most cases we will require copies of two items of evidence of identity - for example:

Type of applicant
Deceased Patient's Personal Representative

Person making a claim arising out of the patient's death

Types of documentation required
Proof of identity and evidence of being granted Power of the Executor of the Will or the Administrator of the deceased patient's estate.

Proof of identity and documented evidence of claim i.e. Passport/Driving License/Birth Certificate **and** current Utility Bill.

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Exemptions to the release of personal information:

There may be circumstances where certain information could be restricted. These include:

- If it is considered that certain information in the records, if released, may cause serious harm to any individual
- Where there is personal information about another person in the records.

How will the information be provided?

In most cases, copies of the records will be made and sent to you by Royal Mail Special Delivery (or you can collect the copies if you prefer). You may however prefer to view the records, in which case the trust will arrange with you a suitable time and location for you to come in and view the records. A qualified member of staff will be in attendance to provide advice on any aspect of the records.

Will I be charged for access to the records?

Regulations within the **Data Protection Act 1998** allow for charges to be made. A fee of £10 will be charged for providing access to information where all of the records were made more than 40 days before the date of the application to access them. No fee will be charged for providing access to information if the records have been amended or added to in the last 40 days if intend to view your records.

The Trust will inform you, in advance, where a charge is to be made and the amount of that charge, please be advised that this will be a minimum of £10 and a maximum of £50.

If you are not satisfied with your response:

In the first instance you should write to GEM CSU explaining why you are dissatisfied with the response to the request to access the records of a deceased patient. You should address your complaint to:

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Information Governance Department
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Bracebridge Heath
Lincoln
LN4 2HN**

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**AUTHORITY FOR RELEASE OF HEALTH RECORDS OF A DECEASED PATIENT
Subject Access Request under the Access to Health Records Act 1990**

This form must be completed in blue or black ink and signed in order for us to process your request.

Section 1: Deceased Patient Details

Surname:

Former Surname:

First Name(s):

Title:

Date of Birth:

NHS Number:

Address:

Postcode:

Section 2: Persons who can make a Request under the Act:

- **The deceased person's personal representative – The Executor of the Will or Administrator of the deceased person's estate.**
- **Any individual, or their representative, who may have a claim arising out of the patient's death. The applicant or their representative must specify what claim is being made and only information that is relevant to the claim should be considered for release.**

Section 3 - Applicant or their Representative's details

Name:

Address:

Postcode:

Telephone Number(s):

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Section 4: Relationship to Deceased Patient

If you require access to a deceased patient's records because you have a claim arising out of the patient's death please state the reason for this claim:

Section 5: Further Information

It would be helpful if you could provide details below to inform GEM CSU of which records you require access to, which periods and parts of those records, together with any other details which you feel may have a relevance, e.g. consultant's name and at which medical facility, etc. If you have a claim arising out of the patient's death you should request only information that is relevant in order to process your claim.

Section 6: Provision of Information

Please note that our usual method of providing access to records is to make copies and post those copies to your stated address by Royal Mail special delivery. If you wish to access records by any other means, such as viewing, please specify this below. We will then contact you in order to facilitate this.

Other (please specify)

Viewing records at a Trust location Collecting records from a Trust location, please tick this box

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Please tick only **one** of the following boxes and sign and date your declaration below:

I confirm that I am the deceased patient's personal representative and have enclosed evidence of my status as Executor of the Will or Administrator of the Estate together with one item of evidence that confirms my identity.

I confirm that I have a claim arising out of the patient's death and have enclosed proof of my identity and documented evidence of my claim.

Print Name:: _____

Signature: _____

Date: _____

Please return this form and **copies only** of required evidence to:

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NB: It is recommended that you keep a copy of this form. Please mark your envelope 'Private and Confidential'.