Access to Health Records Request Form – where the patient is deceased

Under the Access to Health Records Act 1990

1. Details of the deceased patient

Patient's surname	
Patient's first name	
Patient's last known address, including postcode	
Patient's date of birth	
Patient's date of death	
NHS no (if known)	

2. Who is making this request?

We ask for your contact details so we can send our response and, if needed, get in touch to discuss your request.

We will also need proof of your ID to confirm who you are.

Our response time begins once we receive your completed form and the required ID documents.

Your full name	
Your daytime contact number	
Your postal address	
Your email address (if relevant)	
Relationship to the Deceased	

3. Applicant's Legal Status

Please indicate your legal status in relation to this request.
You must provide supporting evidence for the selected option.

☐ I am the personal representative (executor or administrator) of the deceased's estate)
Please attach a copy of the Grant of Probate or Letters of Administration.

☐ I have a claim arising from the death
Please attach evidence of the claim (e.g., solicitor's letter).

☐ Other
Please explain your relationship to the deceased below and provide justification for your request to access the information:

4. What records are you requesting, full or partial?

☐ Full medical record

☐ Partial medical record

If requesting partial access, please specify the relevant time period or years you are interested in.

5. Confirmation of identification documents

Please supply photocopies (do not send originals) of the following documents:

- ☐ One form of personal photo ID
- ☐ Proof of your address

See the guide on page 5 for more information on acceptable documents.

Preferred Method of Receiving Records

- ☐ Secure Email
- ☐ Collection in Person

6. Declaration

I declare that the information I have provided is accurate to the best of my knowledge.
I have provided supporting evidence of my authority as outlined in Section 6 (Your Legal Status).

Signed	
Date	

Any information you provide as part of this request will be treated confidentially and used solely for the purpose of processing your application in accordance with the Access to Health Records Act 1990. Once your request has been completed, this application will be retained for a statutory time period of 6 years, after which it will be securely destroyed.

Please send your completed application form, along with copies of relevant identification and evidence of your authority to request a copy of the records (if applicable), using one of the following methods:

By post or in person to:

Clinical Director
Hospiscare
Searle House
Dryden Road
Exeter
EX2 5JJ

By Email: clinicaladmin@hospiscare.co.uk

Guide to Accessing Health Records for a Deceased Patient

What is an Access to Health Records Request?

The Access to Health Records Act 1990 permits certain individuals to access health records relating to a deceased patient. This may be the patient's personal representative (the executor or administrator of the deceased person's estate), or another person who may have a claim arising out of their death.

***NB**: If you are requesting a copy of information regarding yourself or on behalf of a living patient, please refer to the Subject Access Request Form.*

How quickly will we respond?

Where the application concerns access to records or parts of records that were made in the 40-day period immediately preceding the date of application, access must be given within 21 days.

Where access concerns information, all of which was recorded more than 40 days before the date of application, access must be given within 40 days.

Is there a charge?

No, we cannot charge for this.

Providing identification documents

Acceptable photo **personal identity** documents (copies only):

- Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities' passports
- Passports of non-EU nationals containing UK stamps, a visa or a UK residence permit showing the immigration status of the holder in the UK*
- Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine) A national ID card and/or other valid documentation relating to immigration status and permission to work*

Where the applicant is not able to provide acceptable photographic ID, the following must be provided:

- One form of non-photographic **personal identification** and one document **confirming the address** must be provided from different sources.
- A passport sized photograph, endorsed on the back with a signature of a 'person of standing' who has known them for at least 3 years (e.g., magistrate, medical practitioner, officer of the armed forces, teacher, lawyer or civil servant)

Acceptable **proof of address** documents (copies only):

- Recent utility bill or a certificate from a supplier of utilities confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills must not be accepted, as they can be sent to different addresses).
- Utility bills in joint names are permissible*
- Local authority tax bill (valid for current year) *
- Current UK photocard driving licence (if not already presented as a personal ID document)
- Current full UK driving licence (old version) (if not already presented as a personal ID document)
- Bank, building society or credit union statement or passbook containing current address
- Most recent mortgage statement from a recognised lender*
- Current local council rent card or tenancy agreement
- Current benefit book or card or original notification letter from the Department of Work and Pensions (DWP) confirming the rights to benefit
- Confirmation from an electoral register search that a person of that name lives at the claimed address*
- Court Order

**The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g., clear evidence that the person was not living in the UK for 6 months or more) and the must contain the name and address of the applicant.*

Please send your completed application form, copies of relevant identification documentation and evidence of your authority to request a copy of the records where relevant:

Please send your completed application form, along with copies of relevant identification and evidence of your authority to request a copy of the records (if applicable), using one of the following methods:

In Person to:

Clinical Director
Hospiscare
Searle House
Dryden Road
Exeter
EX2 5JJ

By Email: clinicaladmin@hospiscare.co.uk

Please ensure scanned documents are clear and legible.