

**REQUEST FOR ACCESS TO HEALTH RECORDS**

**MADE IN CONFIDENCE**

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PLEASE COMPLETE IN BLOCK CAPITALS

\*Should you need help in completing this form please contact PALS on following number 01274 408600

**DETAILS OF PERSON WHOSE INFORMATION IS REQUESTED**

Surname .....

Forename(s) .....

Sex: ..... Date of Birth .....

Address.....

.....Post Code.....

Contact Telephone Number (h).....

Mobile.....

Previous or other Names known by:

1).....

2).....

3).....

Previous address 1:

Address.....

.....Post Code.....

Previous address 2:

Address.....

.....Post Code.....

Dates for which information is sought:

.....  
**CLIENT'S HOSPITAL OR CLINIC CONTACTS**

To help us provide the correct information, please provide as much information as possible, giving full details of all the occasions you are interested in. If you wish to only receive information relating to specific aspects of certain occasions, then please specify in the table below.

Hospital/Clinic	Dates	Ward/ Outpatient Clinic	Consultant/ Practitioner	Case reference number

Are you currently (please tick as appropriate):

- An Inpatient
- An Outpatient
- No longer receiving care

If you are an inpatient would you like to make arrangements to view your records on the ward?

- Yes
- No

## DECLARATION

I declare that to the best of my knowledge that the information provided in this application is true and correct and that:

- I am the client
- I am acting on behalf of the client and have their written consent (please attach proof)
- I am acting in loco parentis and the client is under the age of 16 and is incapable of understanding the request
- I am the representative for the deceased client and attach confirmation of my appointment
- I have a claim arising from the death of the client and wish to access information relevant to my claim on the grounds that:

.....  
.....

\*I hereby declare that I fully understand the nature of this application, and I understand that the information about me may be shared or used by other parties, if this request has been made via a Solicitor or other agency, I understand that once my information has been released to me, my solicitors or agent, that The Bradford District Care Trust will not accept any liability for how that information/data may be shared or used.

- I am signing this declaration on behalf of the client and hereby confirm that the named client understands the nature of this application and the possible implications, and agrees to the above declaration.

Surname.....Forename(s).....

Designation.....

Signed..... Date.....

# **AUTHORISATION**

## **Section 1(on behalf of another person)**

I hereby authorise Bradford District Care Trust to release all personal Data they may hold relating to me to

.....

whom I have given my consent to act on my behalf.

Surname.....Forename(s).....

Signed..... Date.....

## **Section 2(on behalf of a person under the age of 16)**

I am the:

- Parent
- Guardian
- Legally Appointed Representative
- Other (please specify below)

.....

I hereby certify that the applicant understands the nature of the application.

Surname.....Forename(s).....

Signed..... Date.....

**WITNESS / COUNTERSIGNATURE**

To be completed by the person required to confirm your identity

I .....

Hereby certify that the applicant.....

Has been known to me personally as a (employee, client, etc.)

..... for ..... years and that I  
have witnessed the signing of the above declaration.

Surname.....Forename(s).....

Designation.....

Address.....

.....Postal Code.....

Contact telephone number.....

Signed..... Date.....

## **IMPORTANT INFORMATION**

\* Once you have possession of your information it is your choice as to who you share that information with.

### **\*BE AWARE**

*If your information has been requested by your Solicitor or an agent acting on your behalf, your information may be shared with others.*

*Scenario:*

*If your solicitors are acting on your behalf in a court hearing or trial, your information may be shared with all parties concerned, e.g. Child custody hearings, your information will more than likely be shared with your previous partner, their legal team and members of the court.*

*There may be sensitive information that you do not want others to know about, if that is the case there are alternative ways in which we can help you share your information.*

*To discuss your options on information sharing contact us on the following numbers.*

**01274 363629 / 01274 2288153**

\*Please return this form to:

The Information Department  
Directorate of Facilities & Informatics  
New Mill  
Level 1 Canalside  
Victoria Road  
Saltaire  
Shipley  
BD18 3LD

\*Please note that a charge may be payable for the cost of providing copies of records as follows;

Access to Records .....£10.00p  
Each page copied.....30p  
Recorded Postage.....@cost

\*Please note that the maximum charge is £50.00p.

\*To proceed with your request please send a cheque / postal order to the value of £10.00 for the Access to Records Fee made payable to:  
The Bradford District Care Trust.

\*If your application is via your solicitor or another agency then the £10.00 Access to Records Fee will be required as above, and then appropriate invoicing arrangements for copies and postage may be set up.

\*The above charges may be adjusted in accordance with the Secretary of State ruling following the Data Protection Act 1998.