**APPLICATION FOR ACCESS TO HEALTH RECORDS OF A DECEASED PERSON**

***Made in Confidence***

**Before completing the attached form, please read the following notes. Should you need help with completion, please contact Bradford District Care NHS Foundation Trust’s Information Governance & Records Management team on 01274 228162.**

**Please Note: In this form if the term ‘subject’ is used it means the person whose records are being requested. Where reference is made to Bradford District Care NHS Foundation Trust it also includes Bradford District Care Trust.**

**Who should use this form?**

The attached form should be used if you want copies of a **deceased person’s** medical records held by Bradford District Care NHS Foundation Trust (BDCFT).

**Please note this form should not be used if the person whose records you are requesting is not deceased. There are different forms for such requests.**

All application forms for access to health records/medical records can be downloaded from our website at [www.bdct.nhs.uk](http://www.bdct.nhs.uk)

**Who can make a request to access the medical records of someone who has died?**

Under the Access to Health Records Act 1990, only specific people have the right to access the health records of someone who has died. They are:

* The personal representative of the person who has died – this usually means an executor of the will or an administrator; or
* Any person who may have a claim resulting from the person’s death – this could be a relative or another person.

To access a deceased person’s health records, applicants will be required to provide evidence to support their claim and will need to provide evidence of their identity.

Access to a deceased person’s records will be judged on a case-by-case basis. The person requesting access should show:

* They have a valid reason.
* They have a legitimate relationship to the deceased person.
* That access to the records is in the public interest.

**Other things that will be taken into consideration include:**

* The wishes of the deceased person prior to death, e.g., if the deceased person indicated that they did not wish their records to be disclosed.
* Any harm or distress the release of this information may cause to a living person.
* The reputation of the deceased person.
* Views of the surviving family, especially if the records contain information that the deceased person expected to remain confidential.
* Whether disclosure would cause serious harm to the physical or mental health of any other person or would identify a third person.

**How long will I have to wait to receive the records?**

Access will be given within 40 days; however, applications will be dealt with in order of receipt.

**What ID is required?**

We recognise that medical records are very sensitive and confidential so we must make sure we only give copies to those people who are entitled to receive them. For this reason, we may require some form of ID. This could be a copy of your birth certificate, passport or driving license along with a copy of a current utility bill (gas, electricity, council tax etc.) showing your current address dated within the last 3 months.

**How much will it cost to receive copies of the records?**

In most cases access to the records is free of charge

**What form will the records be?**

* We will provide an electronic copy of records via email.

or

* You can ask for the records to be sent to you by recorded delivery. Where possible we would prefer the option above to reduce the cost of this service to the Trust.

**Is there any information that cannot be released?**

Information will be removed that relates to third parties, this includes non-professionals and their opinions and family members

If it is considered that information in the record, if released, may cause serious harm or distress to any individual then the information released could be restricted.

We can only provide copies of original records - whether that is a printout from an electronic patient care database or a paper record. We cannot provide a summary or statement about individual treatment or diagnosis.

**IMPORTANT INFORMATION**

Once you have possession of the information it is your choice as to whom you share information with – we do not hold any responsibility.

**Please keep this sheet for your reference**

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***Made in Confidence***

**Please Note: In this form if the term ‘subject’ is used it means the person whose records are being requested.**

**PLEASE COMPLETE IN BLOCK CAPITALS**

|  |
| --- |
| **Section 1 – Details of Subject** |

|  |  |  |
| --- | --- | --- |
| Surname: | |  |
| Forename(s): | |  |
| Date of Birth: | |  |
| Gender: | |  |
| NHS Number: | |  |
| Address: | |  |
|  | |  |
|  | |  |
| Postcode: | |  |
| Previous or other names the subject has been known by: | | 1) | |
| 2) | |
| 3) | |
| Previous address 1: | |  | |
|  | |  | |
| Postcode: | |  | |
| Previous address 2: | |  | |
|  | |  | |
| Postcode: | |  | |

|  |  |
| --- | --- |
| GP’s Name: |  |
| Practice Name: |  |
| Address: |  |
|  |  |
| Postcode: |  |

Providing the GP’s details will help locate the information

*(Please note you will not receive the GP records. To receive these please contact the GP directly)*

|  |
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| **Section 2 – What information is being requested?** |

Dates for which information is sought:

From ……………………………………… To …………………………………………………..

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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Please indicate if there is any specific information that you are interested in: |

|  |
| --- |
| **Section 3 – Person making the request** |

|  |  |
| --- | --- |
| Your Surname: |  |
| Your Forename(s): |  |
| Your Date of Birth: |  |
| Your Address: |  |
|  |  |
|  |  |
| Your Postcode: |  |

|  |  |
| --- | --- |
| Contact Telephone Number: | Home: |
| Mobile: |
| E-mail: |  |

**AL**

|  |
| --- |
| **What was your relationship with the person you are requesting information about?** |

|  |
| --- |
| **Please provide details of why you are requesting this information and what you are going to do with it:** |

|  |
| --- |
| **If you are applying for someone else’s information then you are classed as a third party and your information would normally be removed before the record is released. However, you may wish for your information to remain in the record that is sent to you – for example discussions you have had with Bradford District Care NHS Foundation Trust staff. If this is the case please sign below.**  **If you do not sign here information about you or your discussions will be removed.** |
|  |
| Signature: ………………………………………………………………………………………………….  **For additional third-party authorisation complete section 5. Please make additional copies of section 5 if necessary.** |

**OR CLINIC S**

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| **Section 4 - Declaration** |

**WARNING:** Making a false or misleading request in order to obtain access to personal information is a criminal offence.

I declare that to the best of my knowledge that the information provided in this application is true and correct and that: (Please tick the relevant box in the right-hand column).

|  |  |
| --- | --- |
| I am the deceased person’s personal representative and have attached:   * a copy of a court letter or legal papers confirming that I am the administrator of the deceased person’s estate |  |
| I am the executor of the deceased person’s will and have attached:   * a copy of the relevant section of the will confirming that I am the executor of the estate |  |
| I have a financial claim arising from the deceased person’s death and wish to access information relevant to my claim and have attached:   * a copy of a letter from an approved solicitor confirming a financial claim from the estate |  |
| I am neither the deceased person’s personal representative or executor of their will, nor do I have a financial claim, but believe I should have access to the records on the grounds that I can show that I:   * have a valid reason, or * have a legitimate relationship to the deceased person, or * believe that access to the records is in the public interest   and have attached a statement to demonstrate the above |  |

I hereby declare that I fully understand the nature of this application. I understand that once the information has been released to me, my solicitors or agent, that Bradford District Care NHS Foundation Trust will not accept any liability for how that information/data may be shared or used.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename(s) |  |
| Signed |  | Date |  |

**How would you like to receive the information?**

* I would like the records to be emailed to me.

Please note: the records will be encrypted, and password protected. On receipt of the records, I will need to contact BDCFT to receive the password. Please email the records to the following email address:

………………………………………………………………………………………………………….

* I would like my records to be sent to me. If the delivery address is different from that in section 3 please provide details here:

…………………………………………………………………………………………………………....................................................................................................................................................

|  |
| --- |
| **Section 5 – Additional Third Party Authorisation** |

**If you are applying for someone else’s information then you are classed as a third party and your information would normally be removed before the record is released. However, you may wish for your information to remain in the record that is sent to you – for example discussions you have had with Bradford District Care NHS Foundation Trust staff. If this is the case please sign below.**

**If you do not sign here information about you or your discussions will be removed.**

**Any additional third parties should copy this sheet and complete separately.**

|  |  |
| --- | --- |
| Your Surname: |  |
| Your Forename(s): |  |
| Date of Birth: |  |
| Address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Contact Telephone Number: | Home: |
| Mobile: |
| E-mail: |  |

I give authorisation for information relating to any discussions etc. with BDCFT staff that I have had to be left in the record.

Signature: …………………………………………………………………………………………………..

Date …………………………………………………………………………………………………………………..

**Please note that you may be asked to provide identification**

**To proceed with your request**, please post this form and proof of ID to:

*This is a postal address only and not accessible to the public*

Information Governance & Records Management team

Bradford District Care NHS Foundation Trust Archives

Unit 1

Four Lane Business Park

Cemetery Road

Bradford

West Yorkshire

BD8 9RY

Or

Dpa.requests@bdct.nhs.uk