# Applying for access to the health records of a person who has died: guidance notes

The Access to Health Records Act 1990 (“The Act”) applies to the health records of the deceased. It applies only to records created since 1 November 1991.

The Act allows access to:

a) the deceased's personal representatives (both executors or administrators) to enable them to carry out their duties; and

b) anyone who has a claim resulting from the death.

Please note that a deceased person’s next of kin is not necessarily the deceased person’s representative. If a will exists, then it is the executor of the will who is the lawful personal representative. If no will exists and the deceased died intestate, then the closest “next of kin” can apply, through a solicitor, for a Letter of Administration to handle the deceased’s affairs.

The Act does not provide an unlimited right of access. Information may need to be withheld:

* if there is evidence that the deceased did not wish for any or part of their information to be disclosed; or
* if disclosure of the information would cause serious harm to the physical or mental health of any person; or
* if disclosure would identify a third party (i.e. not the patient nor a healthcare professional) who has not consented to that disclosure.

A medical professional may be required to screen the notes before release.

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# Application form for access to medical records (for deceased patients): access to health records act 1990

## Details of the deceased

|  |  |  |
| --- | --- | --- |
| **Surname** | **Forename(s)** | |
| Surname | Forename(s) | |
| **Date of Birth** | | |
| Date of birth | | |
| **Last Address** | | |
| Address | | |
| **Hospital Number (if known)** | **NHS Number (if known)** | |
| Hospital number | NHS number | |
| Applicant details | | |
| **Applicant Surname** | | **Applicant Forename(s)** |
| Surname | | Forename(s) |
| **Applicant Address** | | |
| Address | | |
| **Applicant Telephone Number** | | |
| Telephone number | | |
| **Applicant Email Address** | | |
| Email address | | |

## Records required

Please note that we are likely to need more time to fulfil larger requests.

|  |  |
| --- | --- |
| **Patient Information** | |
| Personal details | Appointment/Inpatient dates |

|  |  |
| --- | --- |
| **Hospital Casenotes (inpatient & outpatient records)** | |
| Clinical / Consultant notes | Test results |
| Letters |  |
| Nursing records (e.g. nursing checklists, assessments) | |
| Miscellaneous records (e.g. temperature and fluid charts, consent forms, etc.) | |
| **Radiology** | |
| Radiology reports | Radiology images |
| **Other Hospital Records** | |
| A&E Records | Maternity records |
| **Episodes of care** | |
| **Please detail which episodes of care you require records for. Approximate dates and details of consultant, department, ward etc. will help us to identify records.**  Episodes of care | |

|  |
| --- |
| **Other Records (Including Physiotherapy)** |
| **Please provide details of which services the deceased was seen by including approximate dates and locations where possible**  Other record details |

Written records can be provided electronically or as paper copies. **Please note we are only able to supply radiology images on a CD. If you choose to have any written records by email we will post a disc to you.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Records to be provided…** | | | |
| Electronically by email | | | |
| Electronic copies on a disc… | | Paper copies… | |
| By post | | | |
| For collection from a hospital (please specify) | | | |
|  | York | | Scarborough |
|  | Bridlington | | Malton |

## Declaration

|  |  |
| --- | --- |
| **Entitlement to apply** | |
| I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to on the previous page, under the terms of the Access to Health Records Act 1990 on the grounds that... | |
| I am the deceased patient’s Personal Representative and attach confirmation of my appointment (Grant Of Probate, Letters of Administration, or Copy of the Will). Please also provide a copy of the death certificate, along with a copy of your ID and relevant documents as per below. | |
| I have written and witnessed consent from the deceased person’s Personal Representative and attach this along with their proof of appointment as above, also relevant ID for requester and deceased patient representative. | |
| I have a claim arising from the patient’s death and wish to access information relevant and attach a letter outlining the nature of my claim as well as the relevant ID documents | |
| **Applicant Signature** | **Date** |
| Signature | Date |
| **Proof of ID** | |
| Please include a copy of one of: Passport Driving license Birth certificate  plus a utility bill showing name and current address | |

## Witness statement

|  |  |
| --- | --- |
| **Witness Surname** | **Witness Forename(s)** |
| Surname | Forename(s) |
| **Witness Address** | |
| Address | |
| I certify that I, the above named, of the above address, have known the applicant for Years known as an employee/client/personal friend and have witnessed the applicant sign this form. I am happy to be contacted if further information is required to support the identity of the applicant, as required. | |
| **Witness Signature** | **Date** |
| Signature | Date |