**Application for Access to Health Records**

**(ESNEFT Hospitals)**

(In accordance with the Data Protection Act 2018/Access to Health Records Act 1990)

**Please complete this form in BLOCK CAPITALS and return to the address overleaf**

When the completed application form is received by the Access to Health Records Team, a strict process in undertaken. You should receive a response from us within one calendar month of receiving your request.

**Where did the patient attend?**

* Colchester Hospital
* Clacton Hospital
* Harwich Hospital
* Ipswich Hospital (includes Aldeburgh Cottage, Bluebird Lodge and Felixstowe General)
* All of the above

**Section 1 - The patient the information relates to:**

|  |
| --- |
| Surname: ………………………….............. Forenames: ……………………………………… Current address: ……………………………………………………………………..……… Post Code:..……………………… Date of birth: …………………............................ Hospital/NHS no.:………………....................... Telephone Number: ……………………………. Mobile Number: …………………………………. Email Address………………………………………………………………………… |

Surname: ………………………….............. Forenames: ………………………………………

Current address: ……………………………………………………………………..………………

………………………………………......…… Post Code: ..………………………

Date of birth: …………………............................

Hospital/NHS no.: ……………….......................

Telephone Number: …………………………….

Mobile Number: ………………………………….

I enclose a copy of one of the following as proof of the identity of the above individual:

* Birth certificate
* Driving licence
* Passport

If none of these is available please contact the Data Protection Officer for advice on other acceptable forms of identification.

**Section 2 - Is the requested information about you?**

No, the information is not about me (go to section 3)

Yes, the information is about me (go to section 6 )

**Please note: If information to be disclosed includes incidental disclosure of third party (for example family member, referee, care worker) it cannot be disclosed without the consent of that party.**

**Section 3 - The person acting on behalf of the patient:**

|  |
| --- |
| Surname: ………………………….............. Forenames: ……………………………………… Current address: ……………………………………………………………………..……… Post Code:..……………………… Contact Number: ……………………………. Email Address………………………………………………………… |

Please provide proof that you are the person authorised to act on behalf of the data subject by enclose a copy of one of the following:

* Birth certificate
* Driving licence
* Passport

If the data subject is under 16, do you have parental responsibility for them?

Yes □

No □

**Section 4 – Legal Requirements for Deceased Patients.**

Please provide proof that you are legally authorised to act on the data subject’s behalf in the form of:

* Evidence of parental responsibility for under 16 year olds
* Letter of Administration / Grant of Probate
* The patient’s Will with you named as executor.

**Section 5 – Legal Requirements for Living patients.**

Please provide proof that you are legally authorised to act on the data subject’s behalf in the form of:

Please provide proof that you are legally authorised to act on the data subject’s behalf in the form of:

* Power of Attorney
* Patient’s signed consent
* If for child under 16 please supply **full** birth certificate.

**Section 6 – What is the nature of the request you are making?**

Please help us deal with your request quickly and efficiently by giving as much detail as possible about the information you want. If possible restrict your request to a particular department, period of time or incident.

**Information requested in more detail: (please use a separate sheet of paper if required)**

**Information requested covers (dates)**

From: To:

Relevant details to help us locate the information (for example address at the time, service or department, names of previous contacts, any file reference if known)

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**Section 7 - Access to the information**

**Please tick which format you require records to be sent via:**

 **Email Paper USB**

**Please supply a postal address if different to the patient’s:**

**…………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………**

**Section 8 - Declaration and authorisation:**

**Warning – a person who unlawfully obtains or attempts to obtain personal information is guilty of a criminal offence and is liable to prosecution.**

I declare that the information I have completed on this form is correct to the best of my knowledge and that: (\*please tick below as appropriate)

\* I am the person named in Section 1 (please sign Signature 1 below)

\* I am acting on behalf of the person named in Section 1 (please sign Signature 2 below)

\* I am the Legal Representative – for information relating to deceased patients only

(please sign Signature 3 below)

**Signature 1** (if you are the person named in section 1 of this form)

I (insert full name in BLOCK capitals) ………………………………………………………………

certify that I am the person named overleaf.

Signed: …………………………………………………….. Date: ……………………………………

**Signature 2** (if you are acting on behalf of the living person named in section1

I (insert full name in BLOCK capitals) ………………………………………………………………

Signed: …………………………………………………… Date: ……………………………………

* Parent/Guardian
* Legal Representative.

**Signature 3** (if you are the legal representative – for information relating to deceased patients **only**)

I (insert full name in BLOCK capitals) …………………………………………………………………

certify that I am the Legal Representative to the person named in Section 1.

Signed: ………………………………………………….. Date: ………….……………………………

**Please check that you have completed all fields of the form and all details are correct.**

**Please return this completed form, along with accompanying documents of the relevant identification/certification to:**

Access to Health Records Dept.

Colchester Hospital,

Health Records Centre,

Turner Road,

Colchester,

CO4 5JL

Tel: 01206 742127

Email – SAResneft@esneft.nhs.uk (preferred)

**This form will be kept for a minimum of 3 years by the access to health records team. It will then be confidentially destroyed, this follows the National Guidance Records Management NHS Code of Practice Retention Schedule 2016**