Southport & Ormskirk Hospital NHS

providing safe, clean and friendly care NHS Trust

APPLICATION FOR ACCESS TO HEALTH RECORDS

(Access to Health Records Act 1990/Data Protection Act 1998)

In Confidence

If you require access to records that have been added to more than 40 days before your application, a fee of £10.00 will be payable. If you also require photocopies there is an additional charge. The charge for providing manual records will not exceed £50.00, including any copy x-rays which may be required. In the case of a deceased patient, the charges will be as follows: - £10.00 administration fee + copies at a rate of 35p per copy, with no upper limit. Copy x-rays will be charged at a rate of £10.00 each.

Once your request has been processed you will be notified of the fee prior to dispatch. Payment must me made prior to photocopying of your notes. Copied records must be collected and Photographic ID (passport, driving licence) must be shown, a copy of which will be taken.

COMPLETE IN BLOCK CAPITALS AND BLACK INK

DO YOU REQUIRE PHOTOCOPIES: YES NO
DO YOU REQUIRE TO VIEW RECORDS (by appointment only) YES NO
(please delete as appropriate)

DETAILS OF PERSON WHOSE INFORMATION IS REQUIRED

Surname:	Forename:
Current Address:	Sex: Date Of Birth:
Contact Telephone Number:	Hospital Number (if known):

If your name and /or address were different from the above during the period(s) to which your application relates, please give details below:

Previous Surname:	Previous Address:

PATIENT HOSPITAL DETAILS

Please provide as much information as possible. Give full details of the episode(s) you are interested in:

Hospital	Dates	Inpatient / Outpatient	Consultant

AUTHORISATION (where appropriate)

If an application is being made on behalf of the patient, in the case of an adult, a letter of authorisation is required from the patient, Part 1 below must be completed by the patient and Photographic ID (passport, driving licence) will be required on collection of the records.

In the case of a patient under the age of 16 years, a responsible adult should certify that the child understands the nature of the application and Part 2 below should be completed. Photographic ID (passport, driving licence) will be required on collection of the records.

Part 1 (on behalf of another person)

I hereby authorise Southport & Ormskirk NHS Trust to release information from my Medical Records to:

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

SIGNED:…….. DATE:…….

Part 2 (in the case of a patient under the age of 16 years)

I (name)…….

of (address)……..
certify that the applicant understands the nature of this application.

SIGNED:…….. DATE:…….

DECLARATION

I declare that the information given by me is correct to the best of my knowledge and that:

- I am the patient
- I am acting on behalf of the patient
- I am the parent or acting in loco parentis and the patient is under 16 years of age
- I am the deceased patient's representative and attach confirmation of my appointment
- I have a claim arising from the patient's death and wish to access information relevant to claim on the ground that:

SIGNED:…….. DATE:…….

Please return the completed Application Form to: -

Access to Health Records
Medical Records Department
Southport & Ormskirk District General Hospital
Town Lane
Southport
PR8 6PN

Telephone: 01704 704616