

AHR1

Access to Health Records Request

GUIDANCE ON REQUESTING ACCESS TO A DECEASED PATIENT'S RECORDS

The Access to Health Records Act 1990 amended 2018 allows certain individuals to request access to a deceased patient's health records.

There is no automatic right of access to a deceased patient's records by their next of kin and normally access will only be granted if you are one of the following:

- The deceased patient's personal representative – this will be the Executor of the Will or Administrator of the deceased person's estate, or
- Any individual, or their representative, who may have a claim arising out of the patient's death. The applicant or their representative must specify what claim is being made, and only information that is relevant to the claim will be considered for release.

The record holder may, however, withhold any information which the Deceased has requested not to be shared or which might identify a third party.

We aim to respond to all access requests within 40 days in line with Access to Records Act guidance.

It is possible to view the health record by arrangement with Legal Services or photocopies can be sent to you. **Please state your preferred choice on the enclosed form.**

Notes for Completion of the Application Form

Please complete the attached Access to Health Request form (AHR1) in block capitals and forward the completed application form to:

Legal Services
Mid Cheshire Hospitals NHS Foundation Trust
Leighton Hospital
Middlewich Road
Crewe
CW1 4QJ
Tel: 01270 273917 or 01270 278387
Email: legal.services@mcht.nhs.uk

Exemptions to the release of personal information:

There may be circumstances where certain information could be restricted. These include:

- If it is considered that the patient would not have wished disclosure
- If it is considered that certain information in the records, if released may cause serious harm to any individual
- Where there is personal information about another person in the records.

Access to Health Records Request

AUTHORITY FOR RELEASE OF HEALTH RECORDS OF A DECEASED PATIENT **under the Access to Health Records Act 1990**

This form must be completed in black ink and signed in order for us to process your request.

Your name and address

Name:

Postcode: _____

Telephone number(s) _____

Email address: _____

Access to Health Records Request

Details of Deceased Patient

Surname: _____

Former Surname: _____

First Name: _____

Title: _____

Date of Birth: _____

NHS or Hospital Number: _____

Address: _____

Postcode: _____

Information Required : Details of Attendance and Treatment Received

Please provide a brief summary of the type of information you are looking for and the timescale involved.

Date	Speciality/Clinic/Ward	Treating Health Professional

Your relationship to the patient

I am the deceased patient's personal representative – confirmation required.
Please provide the following:

- Copy of will where you are named as Executor, or
- Grant of Probate, or
- Letters of Administration

A copy of the death certificate is also required.

If you have a claim arising from the patient's death, please give details of the exact nature of the claim below:

Details of claim

Confirming your identity and address

Please do not send any original documents. You can send printed copies or electronic copies.

We need to see:

- One document confirming your name, from Group A, below
- One document confirming the name of the person you are applying on behalf of, from Group A, below
- One document confirming your address, from Group B, below
- All documents needed to show that you have the authority to access the records, from Group C, below.

A. Documents that confirm your name:

- Full driving licence
- Passport
- Birth certificate
- Marriage certificate
- NHS Digital identity badge

B. Documents that confirm your address:

- Utility bill
- Bank statement
- Credit card statement
- Benefit book
- Pension book

C. Documents that confirm you are allowed to act on behalf of the deceased person you are making the request for :

- Grant of probate
- Letters of Administration
- Copy of death certificate is also required

Declaration

Please tick only **one** of the following boxes and sign and date your declaration below:

- ☐ I confirm that I am the deceased patient's personal representative and have enclosed evidence of my status as Executor of the will or Administrator of the Estate together with two items of evidence that confirm my identity:

(Proof of identity and evidence of being granted Power of the Executor of the Will

Or the Administrator of the deceased patient's estate)

- ☐ I confirm that I have a claim arising out of the patient's death and have enclosed 2 items of evidence that confirm my identity and documented evidence of my claim

Print Name: _____

Signature: _____

Date: _____

Please return this form and **copies only** of required evidence to :

Legal Services
Patient Experience Team
Mid Cheshire Hospitals NHS Foundation Trust
Leighton Hospital
Middlewich Road
Crewe
CW1 4QJ
Tel: 01270 273917 or 01270 273837
Email: legal.services@mcht.nhs.uk

Your Checklist

- Is your contact information correct? ☐
- Have you enclosed acceptable identification and evidence of your entitlement? ☐
- Have you signed the form? ☐
- Have you completed all the relevant sections? ☐

For office use only

Date received ----/--/--

Ref no. --/--

Appropriate ID received Yes ☐ No ☐

Comments/Further ID required

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Date request completed ----/--/--

Date posted/collected ----/--/--