

## ACCESS TO HEALTH RECORDS

### GENERAL INFORMATION

#### Introduction

You have the right to access your health records. A Personal Representative of a deceased patient or someone with a claim resulting from a patient's death has the right to access the health records.

#### Contact Details

Access to Health Records Team, Medical Records Department, Harrogate District Hospital, Lancaster Park Road, Harrogate, North Yorkshire HG2 7SX  
01423 557469 / 01423 553377

[hdft.accesstohealthrecords@nhs.net](mailto:hdft.accesstohealthrecords@nhs.net)

If you have emailed us and do not receive a response within 3 working days, please call as your email may have been stopped by our firewall.

#### Time Frame

Once we have received your completed application form/request along with the appropriate additional information, the application will be processed within one month. In exceptional circumstances your request may take longer than one month, we will keep you updated on the progress of your request.

#### Fees

Where the request is excessive there may be an administrative charge. There is also an administrative charge if you require further copies of information we have already provided. We will inform you once we receive your request if any charges will be incurred.

#### Deceased Patient's Health Records

A Personal Representative or anyone who may have a claim resulting from the death can apply for copies of health records.

A 'Personal Representative' is the Executor or Administrator of the deceased patient's estate; not simply a family member of the deceased patient. If the patient did not leave a Will and Grant of Probate has not been provided the patient's next of kin can usually apply for a Grant of Representation to be the Administrator of the estate.

If you believe you may have a potential claim resulting from the death of a patient, then you need to instruct a solicitor or insurance company to write to the Trust outlining the potential claim and what records are required to support the claim.

#### Children's Health Records (under the age of 16)

As a general rule a person with parental responsibility will have the right to apply for access to a child's health record. However, in exercising this right a healthcare professional should give careful consideration to the duty of confidentiality owed to the child before copies of records are provided.

## **Can Access be Denied?**

### **Living patients:**

The Trust to limit or deny access to an individual's health record where:

- The information may cause serious harm to the physical or mental health or condition of the patient, or any other person, or
- The information is requested by a third party and the patient has requested the information is kept confidential, or
- Restricted by order of the court; or
- Relates to the using of gametes or embryos or pertains to an individual being born as a result of vitro fertilisation, or
- Access would disclose information relating to or provided by a third person who has not consented to that disclosure unless:
  - The third party is a healthcare professional who has compiled or contributed to the health records or who has been involved in the care of the patient
  - The third party, who is not a health professional, gives their consent to the disclosure of that information.
  - It is reasonable to disclose without that third party's consent

### **Deceased patients:**

Those with right of access are entitled to see all records made after 1 November 1991 unless:

- In the opinion of the Trust, such disclosure would cause serious harm to the physical or mental health of the applicant or any other individual; or
- The patient had specifically requested (prior to death) that the information is not disclosed to the applicant.

Records made before 1 November 1991 may be made available on a discretionary basis if these are considered by the Trust to be necessary for the applicant's understanding of the part of the record to which access is being given.

## GUIDANCE FOR COMPLETING THE APPLICATION FORM

### Details of the Records to be Accessed

These are the details of the patient and which parts of the patient's health record are required. Please note health records can be held by services or departments separately, therefore, to ensure we provide you with what you require we would be grateful if you could provide us with as much detail as possible e.g. Eye Department March 2006 to July 2006 or District Nursing from September 2009 to present etc.

### Details of the Applicant

These are the details of the person requesting copies of health records. If you are the patient then this section does not need to be completed.

### Declaration

Please select the option which is most appropriate to you, the applicant. If you are applying for copies of health records on behalf of someone you must include documentation to support the application. Please see below:

TYPE OF APPLICANT	ADDITIONAL DOCUMENTATION REQUIRED
	Please note that we require all documentation listed against the type applicant
Patient	<ol style="list-style-type: none"> <li>1. Proof of your identity                             <ul style="list-style-type: none"> <li>– For example a copy of a driving licence or passport</li> </ul> </li> </ol>
Parent or acting in loco parentis for a child under 16 years old	<ol style="list-style-type: none"> <li>1. Proof of your identity                             <ul style="list-style-type: none"> <li>– For example a copy of a driving licence or passport</li> </ul> </li> <li>2. Proof of relationship to child                             <ul style="list-style-type: none"> <li>– A copy of the patient's birth/adoption certificate or documentation from the court naming you as the parent or guardian</li> </ul> </li> </ol>
Appointed by the Court	<ol style="list-style-type: none"> <li>1. Proof of your identity                             <ul style="list-style-type: none"> <li>– For example a copy of a driving licence or passport</li> </ul> </li> <li>2. Proof of appointment                             <ul style="list-style-type: none"> <li>– A letter from a solicitor or a registered Power of Attorney</li> </ul> </li> </ol>
Appointed by the patient	<ol style="list-style-type: none"> <li>1. Proof of your identity                             <ul style="list-style-type: none"> <li>– For example a copy of a driving licence or passport</li> </ul> </li> <li>2. Proof of the patient's identity                             <ul style="list-style-type: none"> <li>– For example a copy of a driving licence or passport</li> </ul> </li> <li>3. Proof of appointment                             <ul style="list-style-type: none"> <li>– A letter from the patient</li> </ul> </li> </ol>
Acting on behalf of a deceased patient	<ol style="list-style-type: none"> <li>1. Proof of your identity                             <ul style="list-style-type: none"> <li>– For example a copy of a driving licence or passport</li> </ul> </li> <li>2. Proof that you are the Personal Representative                             <ul style="list-style-type: none"> <li>– A copy of the Grant of Probate or Grant of Representation/Administrator of the estate</li> </ul> </li> </ol>
There is a potential claim arising from the death of the patient	<ol style="list-style-type: none"> <li>1. Proof of your identity                             <ul style="list-style-type: none"> <li>– For example a copy of a driving licence or passport</li> </ul> </li> <li>2. Proof that you have a potential claim                             <ul style="list-style-type: none"> <li>– A letter from a solicitor or insurance company outlining claim and what records are required to support the claim</li> </ul> </li> </ol>

Please only send **photocopies or scans** of identification and additional documentation and not originals.

# APPLICATION FORM FOR ACCESS TO HEALTH RECORDS

## DETAILS OF RECORDS TO BE ACCESSED:

### Patient's Details:

Title	
Surname	
Previous Surname(s)	
Forename	
Date of Birth	
Date of Death (if applicable)	
Most Recent Address	
Post Code	
Telephone Number	
Mobile Number	
Email Address	
Previous Address(es)	

### Records Required:

Please indicate below what services/departments you have received treatment/care in order for us to provide you with the relevant records:

Service/Department	Approximate dates treatment/care received

If you require images please indicate below:

Images/Scans	Approximate dates taken

**DETAILS OF THE APPLICANT (If you are not the patient):**

Surname	
Forename	
Address	
Post Code	
Telephone Number	
Mobile Number	
Email Address	
Relationship to patient	

**DECLARATION (To be completed and signed by the applicant):**

Please select:

- I am the patient
- I am the parent or acting in loco parentis for the patient who is under 16 years old and have enclosed a copy of the patient's birth/adoption certificate or documentation from the court
- I have been appointed by a court and have enclosed a letter from a solicitor or a copy of a registered Power of Attorney
- I have been appointed by the patient and have enclosed a letter from the patient

For deceased patients:

- I am the Personal Representative of a deceased patient and have enclosed a copy of the Grant of Probate and/or a copy of the Grant of Representation/Letter of Administration
- I have a potential claim arising from the patient's death and have enclosed a letter from a solicitor or insurance company outlining the potential claim

**Please ensure that you enclose all the relevant documentation as detailed on page 3**

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for the access to health records.

Signed..... Date .....

**WARNING: You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.**

## **SENDING YOUR APPLICATION FORM & ADDITIONAL DOCUMENTATION**

Send your completed application form/request and additional documentation by:

Post:

Access to Health Records  
Medical Records Department  
Harrogate District Hospital  
Lancaster Park Road  
Harrogate  
North Yorkshire  
HG2 7SX

Email:

[hdfh.accessstohealthrecords@nhs.net](mailto:hdfh.accessstohealthrecords@nhs.net)

Please ensure that you have enclosed/attached the following:

- Proof of identity/identities
- All additional documentation (please see page 3)

### **COMPLETED REQUEST**

Once your request has been completed, the copy records will be sent via recorded post or secure email unless agreed otherwise.