

Accessing health records

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Accessing health records

Can a person access their personal health records?

Under the Data Protection Act (DPA) 2018 and the UK General Data Protection Regulation (UK GDPR) individuals have a legal right to apply for access to health information held about them, known as a “Data Subject Access Request”, ‘DSAR”, or “SAR”

How can a person access their health records?

Health and Social Care records are not held in one centralised location.

To access medical records, you may need to [contact each NHS service provider](#) that has provided you with treatment directly such as the GP practice, optician, dentist or hospital.

You can now access your GP Health Record online by registering with the NHS App.

Alternatively, you can request copies of your by contacting us at swlicb.mitchamfamilypractice@nhs.net. We will then send you a subject access request form, which you will need to complete and bring to the practice along with two forms of identification (e.g. a driving license and a passport).

GP Health Record

Your GP health record includes every health record we collect and create about you, and anything that is shared with us by hospitals and other health care providers who tell us things about your health.

Your GP record doesn't include all the information that other health and social care services create because they don't tell us everything, so we may sometimes advise you to speak to them if you want to access your information.

The NHS must keep health records for your whole life, plus 10 years. However, information that will be valuable to researchers and historians in future, we may keep it for longer and move it to an archive.

Mitcham Family Practice is only responsible for your health records while you are registered with us as a patient. So, we can't respond to subject access requests for your GP record if you aren't registered with us anymore. However, we do remain responsible for records about patients who were registered with us when they passed away.

If you move to a new practice, everything we've added to your record will move there too, so you can ask them for a copy.

If you don't register with a new GP, we will send all of your medical records to [Primary Care Support England](#).

Accessing GP health records

The NHS [View your GP health record](#) site explains there are three main ways for a patient to get their GP record:

1. by logging into their account using the NHS app or NHS website
2. via other [GP online services and apps](#)
3. by contacting their GP surgery to ask for a digital or printed copy of their GP record

When accessing their record online via the NHS app or website, patients should be able to view information that has been recently added to their GP record.

Patients may not be able to see older information in their record online. To view older information, the patient should ask their GP surgery to make it available to them. You can discuss this by emailing or calling their GP surgery, or by asking a receptionist at their next appointment.

[The NHS guidance](#) recommends that patients should highlight if they want access to something specific in their records, as this can be faster than gaining access to their entire historic record. The surgery will consider the request and identify if there are any problems with making the record available, such as if the information could put the patient or someone else at risk. If there are no such problems, the patient will be able to view their older information online.

Accessing hospital health records

To access hospital records, patients should contact the records manager or patient services manager at the hospital trust that gave them treatment. The [NHS provider directory](#) lists contact details of every NHS trust and foundation trust.

The Summary Care Record

The [Summary Care Record](#) (SCR) is a national database that holds electronic records of important patient information. A patient's electronic record in the SCR is created from their GP record so that other health and care staff are aware of their medication and allergies. Everyone registered with a GP has an electronic record in the SCR, unless they have opted out.

Patients can agree to add [additional information](#), for example about their significant medical history, to their electronic record in the SCR.

Only staff with the correct level of security clearance can access a patient's record in the SCR. Other than in emergency situations, staff must ask for a patient's permission to view their record in the SCR. Patients can ask for a list of the people that has accessed their record in the SCR by [making a subject access request](#).

Individuals can also opt out of having a record in the SCR by telling their GP or handing an [SCR patient consent preference form](#) ([Annex A](#)) in to their GP practice.

Shared care records

[Shared care records](#) are used locally to share information about patients' health and care. They are more detailed than Summary Care Records and may include information such as a patients' current health issues, medication, appointments, test results, and care plans.

The practice will only provide access to GP Health records that we are responsible for, so you may need to seek the records you'd like to access from another organisation.

Can a person be denied access to their health records?

Under [Schedule 3 of the Data Protection Act 2018](#) there are certain circumstances in which full access to a patient's health record may be denied. These include cases where the release of a patient's health record is likely to cause serious harm to the physical or mental health of the patient or another individual.

Prior to release, **Mitcham Family Practice** will consult with either your GP, or another health professional responsible for your care.

How long are records retained?

GP records for a minimum of 10 years after a patient's death. NHS organisations should retain records in accordance with the retention schedules outlined in Appendixes II and III of the NHS publication, [Records Management Code of Practice](#).

The [British Medical Association](#) sets out national guidance on NHS records management, including UK-wide information on minimum retention periods for medical records.

Can a person edit their health records?

Under UK Data Protection laws, you can ask to have personal data rectified if it is factually inaccurate or incomplete. This means you can always ask for any details about you that are recorded incorrectly to be changed. For example, if you move house or we have spelled your name wrong.

You are also always entitled to add a note to it that explains why you disagree with the doctor's opinion. However, it is not usually possible to delete or change historic opinions written in your medical record.

This is because if a person's medical opinion is later proven to be incorrect, it continues to be an accurate record of that doctor's opinion at that time and explains the treatment that they offered.

Having a record that everyone trusts is absolutely accurate to what happened at the time is important for the doctor and the patient when they disagree, when things go wrong, and keeping these might also help other patients and doctors get it right in future.

So, information we no longer agree with will usually continue to be held as part of a patient's medical records. However, you are always entitled to ask us to correct this.

In some rare circumstances it may be possible for a person to get you records amended or updated to reflect their current circumstances. There is further information on medical opinions on the [ICO webpage on UK GDPR accuracy](#).

If you disagree with our decision, you also have the right to apply to the Information Commissioner's Office (ICO) to make a complaint or have inaccurate records amended or destroyed. The ICO provides information pages on how to do this: [Your right to get your data corrected](#) and [Make a complaint](#).

Can a person access someone else's health records?

Health and care records are confidential; a person can only access someone else's records if they are authorised to do so.

A person can access someone else's health records if they have the necessary level of [proxy access](#). The [NHS webpage on proxy access](#) explains that people aged over 16 [with capacity](#) can ask someone to be their proxy for any reason.

You can request proxy access either through:

- The **NHS App**
- Emailing swl.icb.mitchamfamilypractice@nhs.net or asking the reception to provide you with a **proxy access form**.

Different types of proxy access can be set up, and an individual can ensure that [parts of their record remain hidden from their proxy](#).

Can a parent access the records of a child?

A person with legal parental responsibility for a child aged under 16 will usually be able to request copies or [get proxy access to their medical records](#). However, this access is not a natural right as the record relates to the child. Therefore, parental access can be denied where a child refuses consent, or where a health professional concludes it is not in the best interest of the child.

Gillick Competency and capacity to consent

Children aged 11 or older are usually considered to have the capacity to give or refuse consent to parents requesting access to their health records, unless there is a reason to suggest otherwise.

GP surgeries will usually stop automatic online parent or guardian access when a child is aged between 11 and 14. At this point, a parent or guardian can ask the GP surgery to restore their access, so long as the child gives their consent.

Parent and guardian access will usually end when a child turns 16. However, they can ask for this to be restored.

If a person thinks their child lacks capacity to make an informed decision, they can tell their GP surgery, who will give access based on their assessment of the child's best interests.

We follow the [British Medical Association \(BMA\) guidance](#) on the care of children and young people. Advice on confidentiality and the disclosure of health records can be found on pages 17-19.

Parental Responsibility and legal guardianship

Birth mothers automatically have parental responsibility, as do fathers married to the child's mother at the time the child was born. However, there are other circumstances where parents may not have parental responsibility.

We reserve the right to request proof of this before disclosing information to a parent. If you aren't sure whether you have parental responsibility for a child, you can check using this [government guidance](#).

Divorce and separation

We appreciate that dissolving relationships can be very difficult to navigate. However, our priority is the best interest of our patient – the child.

Their personal data is their own, and parents have no automatic right of access.

Under the law, individuals with parental responsibility have equal rights to access information about their child wherever this is in the child's best interests. Parents do not lose parental responsibility if they divorce.

Therefore, we will work with both parents to uphold their parental rights and comply with any parenting plan or child arrangement orders. However, if the child has the capacity to decide for themselves, we will ask if they want the requested information to be disclosed to the specific individual and respect their decision.

If the child does not have capacity, we are entitled to refuse parental access to records where a health professional concludes it is not in their best interests.

More information about parental access to records can be found in our Privacy Notices.

What about an adult who lacks capacity to consent?

If your loved one has arranged a Health and Welfare Lasting Power of Attorney (LPA), we can provide access to the information you need to support that person to access healthcare and protect their best interests. However, capacity can change on

a daily or hourly basis, so we must always continue to consider the wishes of the patient when they are assessed as having capacity.

If you don't have an LPA, but you are concerned that someone you care for is unable to manage their health records and appointments without your help, then we will do everything we can to work with you to make sure they are safe and receive treatment. However, this may not extend to accessing their records if they can't consent because GPs have to protect the patient's confidentiality and follow the law.

If you need help to support your friend or loved one, the [Office of the Public Guardian](#) explains how you can ask to become a court appointed deputy or request a court order to act on their behalf. You can also contact them for advice at customerservices@publicguardian.gov.uk or by calling 0300 456 0300.

Can a person access the records of someone sectioned under the mental health act?

Mitcham Family Practice will only ever hold detailed information about an individual's mental health when it is shared with us by the patient, the patient's mental healthcare provider, or another person involved in keeping them safe.

The law on confidentiality applies in the same way to patients detained under the [Mental Health Act 1983](#) as to any other type of patient. So, you can speak to us, and to other providers, to ask that some or all of it is not shared. However, under the Act, there are some situations where information can be shared without the patient's consent.

These include reports to a Mental Health Act Tribunal or the Care Quality Commission, to manage serious risks or ensure the safe transfer of a patient. The Act also requires that those designated as the patient's 'Nearest Relative' are given a copy of any information given to the patient and informed of their discharge from detention. This will be arranged by the relevant detention setting.

If you have not been contacted by the hospital when you expect to be, we may be able to support you to access information you need. However, we will only do so where a health professional is reasonably satisfied that this action would be in the best interests of the patient, and any known expectations and wishes based on direct experience and/or accounts of the relationship between the patient and their loved one.

More information about how to access information about a loved one who is cared for under the terms of the Mental Health Act 1983 can be found on the government website: <https://www.nhs.uk/mental-health/social-care-and-your-rights/mental-health-and-the-law/mental-health-act/>

Can a person access the records of someone who has died?

There is an ethical obligation to respect a patient's confidentiality after death and access to deceased patients' health records is governed by the [Access to Health Records Act 1990](#) and for more information visit

[request to access health records of a deceased patient](#), We ask you to complete Access to record form from reception and include all requested proofs of identity and authority. You can send this to us by email or post, or hand it to us at reception.

Under the terms of the act, someone will only be entitled to access a deceased person's health records if they are either:

- a personal representative (the executor or administrator of the deceased person's estate)
- someone who has a claim resulting from the death (this could be a relative or another person)

The personal representative of the deceased is entitled to access all information generated about the patient after 1 November 1991, subject to any exclusions. However, we will always ask you to respect the privacy of the deceased by only asking for the minimum information you need that is relevant to your purpose.

Access to a deceased person's health records may not be granted if the patient requested confidentiality while they were alive. Additionally, no information can be revealed if the patient requested non-disclosure to any specified individuals, or a health professional concludes that disclosure would not be within the patient's expectations or wishes while they were alive.

Is there a charge for accessing health records?

Under the [Data Protection Act 2018](#) and Access to Health Records Act 1990, record holders cannot usually charge individuals for accessing their own health records. The exception to this is where requests are "manifestly unfounded or excessive".

What types of electronic health records are there in the NHS?

The NHS has [committed to making patient records largely paperless](#) with the introduction of various online records and ways to share relevant information across organisations.

NHS England guidance on the [purpose of the GP electronic health record](#) emphasises that electronic health records support patient care by allowing patient information to be shared "safely and securely across care settings".

In October 2024, the government announced [plans to create a "single patient record"](#), bringing together a summary of patient health information, test results and letters in one place through the NHS App. This single patient record would be able to be shared across the NHS to save time and reduce duplication.

Currently, there are various types of electronic records, including Summary Care Records and shared care records.

How are health records shared in health and care teams who are caring for a patient?

The [Health and Social Care \(Safety and Quality\) Act 2015](#) introduced a legal duty for health and social care professionals to share patient information where they think disclosure will help facilitate a patient's care, such as improve its safety or effectiveness, and is in the patient's best interest.

NHS England guidance on [consent to using and sharing patient information](#) explains that, under the common law duty of confidentiality, patient consent is required to disclose confidential patient information, but that this consent can be "implied" when sharing is required for individual care.

This means that if you have agreed to receive a specific kind of treatment, we will share your information with the other organisations who need it to deliver that treatment.

Patients can object to information about them being shared. [The guidance](#) explains patient information should not be shared for individual care purposes if the patient objects, unless it is in the "overriding public interest", such as if not sharing would put other staff members at risk of harm.

NHS England guidance on [data and clinical record sharing](#) highlights three requirements for clinical data sharing:

1. Information can be shared only for legitimate purposes, including the provision of care
2. No more information than is necessary for the legitimate purpose should be shared
3. When used for medical purposes, information will be accessible to health professionals, clinical or non-clinical, with a duty of care to keep it confidential

Data sharing opt-out

Where patient health record data is used for research and planning, patients have the option to [opt-out of data sharing](#). Patients can opt-out of their GP surgery, NHS England and other health and care organisations sharing their data for research and planning purposes. Individuals can opt back in to this form of data sharing at any time.

If a patient opts out of data sharing, their health information will still be shared for internal NHS purposes. This includes during hospital referrals and when issuing prescriptions, so that care can be delivered effectively.

Annex A – Summary Care Record (SCR) opt-out

Information for patients: about your Summary Care Record (SCR)

Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- a) **Medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Allergies, adverse reactions and Additional Information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- c) **Opt-out of Summary Care Record.** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you have not previously set a preference at your registered GP Practice, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

If you choose to complete the preference form overleaf, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record (SCR) Patient Preference Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to the GP Practice you are registered with:

Yes – I would like a Summary Care Record

Express preference for medication, allergies and adverse reactions **only**.

or

Express preference for medication, allergies, adverse reactions **and** Additional Information.

No – I would not like a Summary Care Record

Opt-out of Summary Care Record

Name of Patient:

Address:

Postcode: Date of Birth:

NHS Number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one: Parent Legal Guardian Lasting power of attorney
for health and welfare

If you require any more information, please e-mail enquiries@nhsdigital.nhs.uk or call NHS England Enquiries on 0300 303 5678, or speak to your GP practice.

Annex B – Application for access to medical records (SAR)

APPLICATION FOR ACCESS TO MEDICAL RECORDS (SAR)

In accordance with the UK General Data Protection Regulation (UK GDPR)

Section 1: Patient details

Surname		Former name	
Forename		Title	
Date of birth		Address:	
Telephone number		Postcode:	
NHS number (if known)		Hospital number (if known)	

If you are applying to view your own records, please go to Section 2.

If you are applying to view another person's record, please go to Section 3.

Section 2: Record requested

Please tick the relevant boxes below. The more specific you can be, the easier it is for us to quickly provide you with the records requested. Record in respect of treatment for: (e.g., leg injury following a car accident)

I am applying for access to view my records only	<input type="checkbox"/>
I am applying for an electronic copy of my medical record	<input type="checkbox"/>
I am applying for a printed copy of my medical record	<input type="checkbox"/>

Please specify what information you are requesting:

I would like a copy of records between specific dates only (please give dates below)	<input type="checkbox"/>
I would like a copy of records relating to a specific condition/specific incident only (please detail below)	<input type="checkbox"/>
I would like a copy of all my electronic records (held on computer)	<input type="checkbox"/>
I would like a copy of all my electronic and paper records since birth	<input type="checkbox"/>

Patient signature		Date	
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Section 3: Details and Declaration of Applicant

Please complete if you are requesting access on **behalf of** the above-named patient

Surname		Title	
Forename(s)		Address	
Telephone number		Postcode	
Relationship to Patient			

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

I am applying for access to view the records only	<input type="checkbox"/>
I am applying for an electronic copy of the medical record	<input type="checkbox"/>
I am applying for a printed copy of the medical record	<input type="checkbox"/>

Please specify what information you are requesting:

I would like a copy of records between specific dates only (please give dates below)	<input type="checkbox"/>
I would like a copy of records relating to a specific condition/specific incident only (please detail below)	<input type="checkbox"/>
I would like a copy of all the electronic records (held on computer)	<input type="checkbox"/>
I would like a copy of all the electronic and paper records since birth	<input type="checkbox"/>

Reason for access:

I have been asked to act by the patient	<input type="checkbox"/>
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I have full parental responsibility for the patient and the patient is under the age of 18 and: <ul style="list-style-type: none"> • Has consented to my making this request, or • Is incapable of understanding the request (delete as appropriate) 	<input type="checkbox"/>
I have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<input type="checkbox"/>
I am acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>
I am the deceased person's personal representative and attach confirmation of my appointment (grant of probate/letters of administration)	<input type="checkbox"/>
I have written, and witnessed, consent from the deceased person's personal representative and attach Proof of Appointment	<input type="checkbox"/>
I have a claim arising from the person's death (please state details below)	<input type="checkbox"/>

Declaration

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 above under the terms of the UK [Data Protection Act 2018](#).

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Applicant signature		Date	
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I confirm that I give permission for the organisation to communicate with the person identified above regarding my medical records			
Patient signature		Date	

Section 4: Proof of identity

Under the [Data Protection Act 2018](#) you do not have to give a reason for applying for access to your health records.

Patients with capacity and proxy nominees will be asked to provide two forms of identification one of which must be photographic identification. Please speak to reception if you are unable to provide this.

Section 5: Consent for children

If a child aged 13 or over has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then s/he will be competent to give consent for him/herself.

They may wish a parent to countersign as well.

Young people aged 16 and 17 are legally competent and may therefore sign this consent form for themselves but may wish a parent to countersign as well.

If the child is under 18 and not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing this form below.

I am the patient aged 13 – 18 years	
Signature	
I am the parent/guardian/person with parental responsibility (delete as necessary)	
Signature	
Full name	
Address	
Date	

You will be telephoned when the copies are ready for collection or posting.

ADDITIONAL NOTES:

Before returning this form, please ensure that you:

- Have signed and dated the form
- Are able to provide proof of your identity or alternatively confirmed your identity by a countersignature
- Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

APPLICATION FOR THIRD-PARTY ACCESS TO HEALTHCARE INFORMATION

To maintain confidence in our patients, at Mitcham Family Practice we will not divulge any medical information about you unless it is legally appropriate, or we have your consent to do so.

Who should complete this form?

Anyone who is competent to do so.

It is difficult to state at what age any child will become competent to make autonomous decisions regarding their healthcare as between the ages of 11 and 16 this varies from person to person. As most children are content that their parents have access to their healthcare information, this form will ordinarily be used for adults. However it may equally be used for a child whom it is considered has capacity and can understand their actions.

Agreement

Should you wish to consent for a nominated person to be able to discuss any medical information about you with staff at this practice, please indicate this in the form overleaf.

Although by completing this form, the following should be noted:

- The person granting access to a third-party must fully complete and sign the form
- Any incorrectly completed forms will not be processed and will be returned to person making the application
- This form does not permit any third-party individual to make healthcare decisions on behalf of the named patient
- This practice may contact you via email or telephone should there be any concern

Disclaimer:

It is also your responsibility to keep us informed as to who can access and discuss specific areas of your medical record as detailed on the form. Should your circumstances change, it is your responsibility to advise this practice.

Mitcham Family Practice relinquishes all responsibility should the above information become incorrect if not updated.

I, hereby give permission for Mitcham Family Practice to discuss my medical records with the following:

Patient requesting permission to allow proxy access

Full name		
Date of birth		
Address		
Signature		
Date		
Telephone/Email		

Named person receiving access

Full name		
Address		
Relationship		

Agreement as to what can be divulged

I give permission for the following to be permitted or discussed with the above named person should they request (tick all that apply):

Appointments	Medication	Consultations	Test results	Referrals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION TO REQUEST INFORMATION IS RELEASED

To maintain confidence, at Mitcham Family Practice we will not divulge any medical information about any patient unless it is legally appropriate or we have consent to do so.

Who should complete this form?

Anyone who has authority, such as a **lasting power of attorney (LPA)**, may lawfully act on behalf a patient who does not have capacity. Prior to any release of information, the identity of the nominated person will be established and the [Office of the Public Guardian](#) will confirm that the nominated person is acting as an LPA for the named patient.

Agreement

It is confirmed that a nominated person has an agreement, such as an LPA, to act on behalf of a patient who no longer has capacity.

There is a need to have the below named patient's medical information released to another third party, e.g., a care home. The nominated person may act on behalf of a patient and request that their medical information is provided.

By completing this form, the following should be noted:

- The nominated person will be acting in the best interest of the patient
- The form must be fully completed and signed
- Any incorrectly completed forms will not be processed and will be returned to person making the application
- This form does not permit any nominated individual to make healthcare decisions on behalf of the named patient
- This organisation may contact the nominated person via email or telephone should there be any concern
- This form must be completed each time a new request to release information to a third party is required

It is the responsibility of the nominated person to keep the organisation informed as to who can access and discuss specific areas of the named patient's medical record as detailed on the form. Should any circumstances change, it is the responsibility of the nominated person to advise this practice.

I, [insert nominated person name], hereby give permission for this organisation to discuss clinical information about the medical records of [insert patient name] as follows:

Name of patient	
Full name	
Date of birth	
Address	

Nominated person requesting permission to allow third-party access	
Full name	
Relationship	
Address	
Signature	
Date	
Telephone/email	

Named organisation receiving access	
Name	
Address	
Requirement	

Agreement as to what can be divulged

I give permission for the following to be divulged or discussed with the above named organisation should they request (tick all that apply):

Appointments	Medication	Consultations	Test results	Referrals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annex E – Request to Access Health Records (Deceased)

Access to Health Records Act 1990 – Application Form

Criteria for Access

The Access to Health Records Act 1990 lays down strict guidance on what personal information can be provided to a third party regarding a deceased patient. Our application form has therefore been designed to provide us with sufficient information to ensure that we only provide access to those who are legally entitled to receive this.

The Act gives certain people a right to see the health records of somebody who has died. These people are defined under section 3(1)(f) of that Act as:

1. The patient's personal representative. This will be the executor or administrator of the deceased person's estate.
2. Any person who may have a claim arising out of the patient's death.

If you meet the criteria outlined above and wish to access someone's records, you should complete this form. If not, you should complete Sections 1, 2, 6, and 7 and provide proof of your identity and relationship to the deceased.

We would like to draw your attention to the following points:

- Next of kin have no automatic right of access to these records.
- Individuals meeting the criteria above will be required to provide proof, e.g., a copy of the will naming an executor or a letter from a solicitor regarding a potential claim.
- The Act only allows access to health records generated and stored after 1 November 1991.
- You may not be able to see information which could cause serious harm to your physical or mental health, or anyone else's.
- You may not be able to see information which could identify another person (except members of NHS staff who have treated the patient) unless that person gives their permission.
- You won't be able to see the records of someone who made it clear that they didn't want other people to see their records after their death.

Response time

Once we receive your request, we will provide you with your records within 21 or 40 days, in accordance with Section 3(5) of the Access to Health Records Act 1990.

If we encounter any issues, we will keep you up to date on our progress.

Points to consider

Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form.

Request to Access Health Records (Deceased)

Please return this completed form and all necessary evidence of your identity and authority to request access your health records or the records of a deceased individual to swlicb.mitchamfamilypractice@nhs.net

Section 1: Details of the patient

First name	
Surname	
Date of Birth	
Date of Death	
NHS number (if known)	
Home address (if known)	

Section 2: Applicant (Client) details

First name	
Surname	
Relationship to patient	
Contact email	
Contact telephone (optional)	

Details of the requester (tick which applies)

- Executor (personal representative) of the patient's Will
- Granted Letters of Administration by a Court
- Legal claim which requires the records
- I am from a law firm
- None of the above (skip to section 6)

Solicitor details (if relevant)

First name	
Surname	
Law Firm	
SRA number	
Contact email	
Contact phone number (optional)	
Claim against the Practice?	
Case Reference number	

Section 3: Required Proof of Authority documents

To process your request, we require documents to verify your identity and eligibility to access the records.

Requester type	Required documents
I am the Executor (personal representative) of the patient's Will	<ul style="list-style-type: none"> Valid ID (e.g. driving licence or passport) A copy of the Will A copy of the Death Certificate
I have Letters of Administration issued by a Court	<ul style="list-style-type: none"> Valid ID (e.g. driving licence or passport) A copy of the Letters of Administration A copy of the Death Certificate
I have a legal claim which requires the records	<ul style="list-style-type: none"> Valid ID of the requester Evidence of a legal claim (i.e. a letter from a solicitor or application to a Court) A copy of the Death Certificate
I am from a law firm	<ul style="list-style-type: none"> A letter of consent from the Executor of the Will; or A letter of consent from the individual with Letters of Administration; or Information about the legal claim and an explanation as to why the records are required for the claim (see section 5)

Section 4: Information Requested

Records generated prior to 1 November 1991 are not within the scope of this legislation.

If there is specific information you wish to access, please provide further details below. Where possible, please provide specific dates and/or confirm the type of record e.g. maternity notes, test results.

Please note the records you request may hold many paper copies of laboratory results which contain figures and letters which may be understood only by a clinical person.

If you wish us to provide copies of results, please put an X in the box below. (Please note you will routinely be provided with copies of x-ray/scan reports as these are typed reports).

I wish to receive copies of laboratory results

Section 5: Section 3(f) – Justification of claim arising out of the patient’s death (Solicitors only)

Explanation of the claim that may arise out of the patient’s death (if relevant)	
Explanation as to why the records requested are the minimum necessary to support the applicant’s claim	
Relevant timeframe and any reasonable exclusions which can be made due to irrelevance	

Section 6: Voluntary disclosures outside of Access to Health Records Act 1990

Please note: Medical records of deceased patients continue to be protected under the Common Law Duty of Confidentiality.

On rare occasions, limited records may be made accessible to family members or partners who do not meet the above requirements. However, partners or family members of deceased patients do not have an automatic right to see the patient's medical records.

These will be assessed on a case-by-case basis by the patient's GP and our Caldicott Guardian.

If the criteria in section 1 of the application do not apply to you and you would still like to apply to access the records of a deceased person, please provide details of why you require access in the box below:

Section 7: Declaration

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge.

I confirm that the statements made are true and that I understand any false or misleading information may result in the application being refused or legal action being taken.

Where I am applying on behalf of another individual or for access to the records of a deceased person, I confirm that I have the lawful authority to do so and have provided the necessary documentation to support this application.

I confirm that any information obtained will be handled with due respect to the privacy of the deceased and the Common Law Duty of Confidentiality

Name _____

Signature _____ **Date** _____