NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Please complete this form in BLOCK CAPITALS

APPLICATION FOR SUBJECT ACCESS TO HEALTH RECORDS

(Current data protection legislation)

Please refer to the leaflet Access to Health Records A Guide for Patients whilst completing this form.

Part A – Identity of the patient about whom the information is requested:

PATIENT'S DETAILS (records to be accessed)	
Patient's title: (Mr/Mrs/ Miss)	
Patient's full name:	
Date of Birth:	
Address:	
Postcode	
Telephone number:	
Hospital no (if known):	

Part B – Details of the information required:

RECORDS REQUIRED		
Details of records required: (please be as specific as possible e.g. department attended, consultant's name)		
Dates of records required (e.g. accident date, period of care etc.)		
I wish to (Select one):	View records in person at the hospital	☐
	Have photocopies of the records sent to your address	☐
	Collect photocopies of the records from the hospital	☐
Do you require copies of x-ray reports?	☐ Yes ☐ No	
Do you require medical images on a disc?	☐ Yes ☐ No	

Part C – Applicant details and declaration:

APPLICANT'S DETAILS (if different from the patient)	
Full name: (including title)	
Address:	
Telephone number:	
Relationship to patient:	

DECLARATION (please tick one of the following options):	
I am the patient	☐
I have been authorised to act by the patient	☐
I am the patients parent/legal guardian and have parental responsibility	☐
The patient is over 13 years of age. I am their next of kin/legal representative. I am making this application as they lack the capacity of understanding to make the request themselves and I attach a copy of the authority enabling me to do so e.g Lasting power of attorney	☐
I have been appointed by the court to manage the patient's affairs and I attach a certified copy of the court order appointing me to do so	☐

IDENTIFICATION REQUIRED (please complete only one option below)

Live Persons	
Please confirm the details of the identification information enclosed with this application. Please refer to the guidance document on what is classed as acceptable forms of ID.	
Please select one of the following 2 plans for proof of name	
Photo ID	☐
Non photo ID	☐
Please state which address validation document you have included:	
Authorisation to act on behalf of a person that lacks capacity (if necessary)	

Deceased Persons	
I am the deceased patient's personal representative and attach confirmation of my appointment. For example: (Please tick one of the following options)	
A copy of the will showing the personal representative	☐
Grant of Probate (if a Will is in existence)	☐
Grant of Letters of Administration (if no Will)	☐
I have a claim arising from the individual's death and attach evidence of this. For example: (Please tick one of the following options)	
A copy of the Will showing a beneficiary, evidence of a claim, and legal evidence that a Will is being contested	☐
I wish to access information relevant to my claim on the grounds that:	

I declare that the information given is correct to the best of my knowledge and that I am entitled to apply for access to the information detailed above under the terms of the General Data Protection Regulation (GDPR) 2018 or the Access to Health Records Act 1990 (AHRA)

APPLICANT'S SIGNATURE: ..... DATE: .....

Part D – Authorisation for application made on behalf of another person:

I hereby request the release of the deceased patient's notes in which I have a legitimate interest and have enclosed proof of my identity and documented evidence to support my request as the deceased's personal representative or to support my claim against the deceased's estate.

Print Name:	Signature:
Date:	

Before returning this form please ensure that you have:

a) Signed and dated this form
b) Completed all relevant sections
c) Enclosed proof of your identity
d) Enclosed documentation to support your request (if applying for another person's records)

WARNING - 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.

Please send the completed form and documentation to:
Case Note Release
Doncaster Royal Infirmary
Armthorpe Road,
Doncaster,
DN2 5LT
Tel No: 01302 642235 or 01302 642234
Email: dbth.casenoterelease@nhs.net
Please click here to submit your completed form.