

Request no: AHR

## Request for copies of Medical Records on behalf of a deceased patient/service user

Personal information is confidential and we will only disclose personal information to the person to whom it relates, or to a person authorised to act on his/her behalf.

Under the Access to Health Records Act 1990, there is no obligation for the Trust to comply with any requests for medical records unless we have enough information to identify the applicant and locate the information.

### WARNING

Making 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.

Are you the deceased patient/service user's representative?

- Yes - please complete this form in full and return it to us
- No – please contact us for further advice

### Section 1 – Deceased Patient/service user details.

Title: Mr Mrs Miss Ms If other please state here:	
Full name:	
NHS Number if known:	
Date of Birth:	Male / Female ( <i>circle as appropriate</i> )
Address:	
Post code:	

**Section 2** - If you are **representing** the deceased patient/service user please give your details here:

Name:
Address:
Post code:
Contact telephone number: Contact email address:
What is your relationship to the deceased? <i>(tick as appropriate)</i> :  Partner  Parent/legal guardian  Relative  Carer  Friend  Legal representative i.e. solicitor, advocate

**Please tick ONE of the following explanations:**

<input type="checkbox"/> <b>A.</b> The patient/service user was under the age of 16 and I had parental responsibility for them.
<input type="checkbox"/> <b>B.</b> I am the next of kin of the deceased.
<input type="checkbox"/> <b>C.</b> I have been appointed by the court to manage the patient/service user's affairs, and I attach a certified copy of the court order appointing me such as a copy of the Power of Attorney.
<input type="checkbox"/> <b>D.</b> The patient/service user is now deceased and I am the administrator or the personal representative/executor of the will, and I wish to have access to their medical records. I attach a certified copy of the grant of probate, a copy of the will, other letters of administration or a letter of confirmation signed by a solicitor.

- E.** I have a claim arising from the patient/service user's death and wish to have access to records relevant to my claim. I understand that I am only entitled to receive information relating to my claim and I enclose contact details of my solicitor in order to confirm this.

## Section 2.1

### **SIGNED DECLARATION (representative to sign):**

I am the deceased patient/service user's representative and I declare that the information given in this form is correct. I understand that it may be necessary for Oxleas NHS Foundation Trust to ask for further information in order to process this request.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**You will need to provide us with a photocopy of suitable identification for you – see Section 3 below.**

### Section 3 – Identification / Witness Declaration

For security reasons we require a copy of your photo identification. **This can be a photocopy of your passport or driving licence.** Please do not send us the original documents.

**Please tick one of the following:**

<input type="checkbox"/> <b>A.</b> Photocopy of passport / driving licence enclosed
<input type="checkbox"/> <b>B</b> Photocopy of other identification enclosed. Please state which:

**If you are unable to supply us with identification** then please ask your GP or Healthcare Professional to complete the following declaration:

<b>WITNESS DECLARATION:</b> I confirm that I have known the applicant for _____ months/years in the capacity of: please tick as appropriate: <input type="checkbox"/> GP <input type="checkbox"/> Healthcare Professional
Full Name:
Address:
Post code:
Contact telephone number:
<b>SIGNATURE:</b> _____ <b>DATE:</b> _____

#### Section 4 – What information do you require?

Please tick the relevant box(es) below for the information you require and where possible give us as much information as possible including places, dates and the names of any professionals involved in the patient/service user’s care and treatment i.e. doctors, nurses, social workers, therapists, healthcare assistants etc. This will assist us to locate any records.

**NOTE:** If your request involves numerous volumes of records you may be asked to reduce the amount of information you require to ensure that the request is not considered disproportionate and unreasonable.

RECORD	DATE(S)	NAMES OF PROFESSIONALS
<input type="checkbox"/> Is there a specific document you require? i.e. a report, an assessment or care plan, please describe giving as much detail as possible:		
<input type="checkbox"/> In-patient records What hospital(s) was the deceased admitted to and when?  What ward(s) were they in?		
<input type="checkbox"/> Out-patient records What out-patient clinic(s) did the deceased attend?		
<input type="checkbox"/> Community Records What community services was the deceased in contact with?		

**Section 5 – How do you want to receive the information?**

You may 'view' the records or receive a 'copy' of them – please read the information below before circling your choice:

**COPY**                      OR                      **VIEW**

**To receive a COPY of the records**

Your records will be collated, photocopied, securely packaged and sent to you via Royal Mail Special Delivery service. (Please note that under the General Data Protection Regulation fees may be charged for manifestly unfounded or excessive requests)

Alternatively, we can also send records electronically via an encrypted email. Please tick here if this is your preference:

**To VIEW records**

An appointment will be arranged for you to view the records with an appropriate healthcare professional.

## Section 6 – Further information

<b>Please provide the following information if applicable. Your answers will not affect your request in any way.</b>			
<b>1</b>	<b>Is this application related to a complaint being made against an employee of Oxleas NHS Foundation Trust?</b>	<b>YES</b>	<b>NO</b>
<b>2</b>	<b>Is this application in relation to any legal proceeding contemplated against Oxleas NHS Foundation Trust?</b>	<b>YES</b>	<b>NO</b>
<b>3</b>	<b>If the answer to question 2 is 'yes' has the legal action already started?</b>	<b>YES</b>	<b>NO</b>

**Return this completed form directly to us via email at:**

**[Oxl-tr.igteam@nhs.net](mailto:Oxl-tr.igteam@nhs.net)**

**Or alternatively via post to:**

**The Information Governance Office  
OXLEAS NHS FOUNDATION TRUST  
Bracken House  
Bracton Centre  
Off Leyton Cross Road  
Dartford  
Kent  
DA2 7AF**

**Please note that medical records are NOT kept at this address.**

Should you require assistance completing this form or have any queries, please contact the Information Governance Office on 01322 299858.

We will write to you once we have received this form to let you know how long your request will take to complete and whether there is a charge for the information you want.

If we do not receive this form back within 14 days of the date on the accompanying letter your request will be closed with no further action.