



APPLICATION FOR ACCESS TO HEALTH RECORDS

Data Protection Act 2018 and other relevant legislation

Please complete this form in **BLOCK CAPITALS** and black ink – please return it to:

Access to Health Records Officer,
Royal National Orthopaedic Hospital NHS Trust,
Brockley Hill, Stanmore, Middlesex, HA7 4LP.

Or alternatively email it to: rno-tr.MedicalRecords@nhs.net

SECTION 1 – DETAILS OF THE RECORD TO BE ACCESSED

Hospital	Royal National Orthopaedic Hospital NHS Trust
Patient's surname	
Patient's forename(s)	
Patient's address and postcode	
Patient's date of birth	
Patient's NHS number (provide if known)	
Patient's telephone number (home)	
Patient's telephone number (work/mobile)	



Details of the applicant if different from the above

Surname	
Forename(s)	
Address and postcode	
Contact phone number	

SECTION 2 – DETAILS OF THE INFORMATION REQUIRED

Please provide as much information as possible to enable us to locate the relevant records.

Give full details of the episode(s) in which you are interested, and if you only wish to access information relating to a specific aspect of an episode, please specify in the comments section on the next page.

Clinic/dept attended	Date(s) attended	Type of attendance	Consultant/health professional	Notes or X-rays or both

Do you require nursing records for the episode(s) specified? Yes / No



Do you require drug prescription and administration records for the episode(s) specified?

Yes / No

Comments

SECTION 3 – FEE FOR SUPPLYING A COPY OR MULTIPLE COPIES UNDER:

Data Protection Act 2018

- One copy of medical records and /or x-rays is provided free of charge
- Multiple copies of the same information will be charged at £10 per copy.

Access to Health Records Act 1990

- No charge.

SECTION 4 - HOW WOULD YOU LIKE THE COPY/COPIES OF THE RECORD SUPPLIED?

Please circle one only

- CD/DVD*
- View paper record (this does not affect your right to request a hard copy after viewing your record)
- Receive hard copy record

*Any electronic records send via CD/DVD will be sent using '7ZIP' software which you will need to download prior to accessing the records.



SECTION 5 – NAME AND ADDRESS TO WHICH THE COPIED HEALTH RECORDS SHOULD BE SENT

Surname	
Forename(s)	
Address and postcode	

SECTION 6 - DECLARATION AND AUTHORISATION

Please complete either Part 1 **OR** Part 2. You **must** comply with Part 3 and sign Part 4.

Part 1

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply under the Data Protection Act 2018 and other relevant legislation for access to personal data that the Trust holds about the data subject.

I note that it is an offence under the Data Protection Act 2018 Sections 184 -186 to unlawfully request information.

Please tick as appropriate:

<input type="checkbox"/>	I am applying for access to my health records
<input type="checkbox"/>	I have been asked to act by the patient on their behalf (please complete attached authorisation form)
<input type="checkbox"/>	I am the parent or acting in loco parentis, the patient is under 18 years of age and is:



	<p>Please circle:</p> <ul style="list-style-type: none"> • Incapable of understanding the request; or • Has consented to my making this request and has completed the attached authorisation form
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Part 2

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under the Access to Health Records Act 1990 because:

Please tick as appropriate:

	I am the deceased patient’s personal representative, executor or administrator and attach confirmation of my appointment
	<p>I have a claim resulting from the death on the grounds that:</p> <p>Please specify:</p> <hr/>
	I attach a copy of the death certificate

Part 3 - Proof of identity and address of applicant

<p>Please provide a copy of two pieces of documentation that confirm your identity and current address such as a driving licence, passport, birth certificate, a recent utility bill dated in the last six months.</p> <p>Documents/ identification supplied:</p>

Part 4 - Signature of applicant

<p>Signed _____ Date ____/____/____</p>



PATIENT'S AUTHORITY FOR THE RELEASE OF HEALTH RECORDS

I, _____ Date of Birth ____/____/____

Of, _____

formally authorise the Royal National Orthopaedic Hospital NHS Trust to provide access, and/or a copy/copies of my health records to:

(Name/company),

Of, _____

Signed: _____ Date: ____/____/____

IMPORTANT INFORMATION

- **Please ensure you have read the accompanying application notes and discussed any queries you have regarding the release of health records with your representative.**
- **You should understand that if you fail to provide detailed requirements in Section 2, your representative would be applying for access to the whole of your health record history held at this organisation. Subject to certain safeguards, they could be provided with details of your health history that may not be relevant to your case with your representative**
- **You should be aware that your representative could use your health records for legal proceedings and therefore make them available to all other parties to the litigation.**