

Application to access personal health records

If you would like to access personal information that the Trust holds about you please complete the below form in block capitals. These details will be used to help find the information you require and to monitor compliance with the Data Protection Act 2018 and General Data Protection Regulation. Once complete, please return to: -

Medical Records Administration Manager, Medical Records, Mary Seacole Building,
Willerby Hill, Beverley Road, Willerby, East Yorkshire, HU10 6ED.

PATIENT DETAILS:		
Surname		
Forename(s)		
Date of birth		
Address		
Telephone number		
Description of information required with relevant dates (if known)		
Where would you like to pick up your records? (Please delete as appropriate)	Medical Records Dept	Unit where you received care
APPLICANTS DETAILS (IF DIFFERENT FROM ABOVE)		
Surname		
Forename(s)		
Address		

Please ask any member of staff if you would like assistance completing this form

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 above under the terms of the Data Protection Act 2018. I also declare that: -

(Please tick as appropriate)

- I am the patient

- I have been asked to act by the patient and attach the patient's written authorisation

- The patient lacks the capacity to understand the request and I attach evidence that I am acting for the patient - e.g. Lasting Power of Attorney, Deputy appointed by the Court of Protection. Please specify the information required and why.

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- I have parental responsibility/legal guardianship for the patient who under age 18 years and is incapable of understanding this request/has consented to my making this request (please delete as appropriate)

- I am considering or investigating a claim arising from the patient's death and I am the patient's personal representative. (Please attach confirmation of appointment e.g. Grant of Probate or Letter of Administration). Please provide details of the claim below.

- I have a claim from the patient's death and wish to access information relevant to my claim on the grounds that: -

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Signature of patient	
Date	
Signature of applicant (If different from above)	
Date	