Ref No:

Application to Access Personal Health Records

Humber Teaching NHS Foundation Trust

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 Data Protection legislation. Once complete, please return to: -

By Post: Medical Records Administration Manager, Medical Records, Mary Seacole Building, Willerby Hill, Beverley Road, Willerby, HU10 6ED
By Email: HNF-TR.S-A-R@nhs.net

PATIENT DETAILS:			
Surname			
Forename(s)			
Date of birth			
Address			
Telephone number			
Please indicate which records you require to enable us to locate the information within the specified timescale. Description of information required with relevant dates (if known)			
How would you like to receive your records?	Email – Using NHS encryption service Egress		Encrypted CD – Royal Mail Special Delivery (requires a signature)
Please select	☐		☐
E-mail address			
APPLICANTS DETAILS (IF DIFFERENT FROM ABOVE):			
Surname			
Forename(s)			
Address			

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

Humber Teaching
NHS Foundation Trust

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 General Data Protection Legislation. I also declare that: -

(Please delete as appropriate)

- I am the patient
- I have been asked to act by the patient and attach the patient's written authorisation
- I am acting in loco parentis and the patient is under age 16 years and is incapable of understanding this request/has consented to my making this request.
- 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: -

……

……

……

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

IDENTIFICATION (Copies only)

I enclose:

1. Something with your signature on it, for example:

    - Current signed passport
    - Current driving licence (full or provisional)
    - Bank Card / Credit Card

And

2. Something with your address on it (issued within the last 3 months), for example:

    - Utility bill (gas, electric, water etc.)
    - Bank, Building Society statement
    - Council Tax bill for the current tax year

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NHS Foundation Trust

Consent Form – Release of a medical record by email

In order to receive your record by email, please complete the below form; providing the email address you would like the record sending to.

☐ I would like my record to be sent securely using the NHS encryption service (Egress). I understand I will need to register for this service electronically.

E-mail address to be used…….

NAME….....
(Service User)

SIGNED…….....
(Signature Required)

DATE…..……..

Once complete, please return to: -

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