

**Application for Access to Records Form
General Data Protection Regulation
Access to Health Records (NI Order) 1993**

Please complete application form in BLOCK CAPITALS & BLACK PEN

Please tick as appropriate:

- (1) I am requesting access to my own personal records.
Please complete Sections A, C, & D
- (2) I am requesting access to records belonging to another living individual
Please complete Sections A,B,C &D
- (3) I am requesting access to records of a deceased person.
Please complete Sections A,B,C & E

SECTION A: APPLICANT'S DETAILS (if different from section B below)

Surname:		Forename(s)	
Previous Surname			
Title:	Mr, Mrs, Miss, Ms, Dr (please circle)		
Address:		Previous Address: (if applicable)	
Post Code:		Post Code:	
Telephone No:		Date of Birth:	
Hospital /Health and care number			
Relationship to person in Section B			

SECTION B: DETAILS OF PERSON WHOSE INFORMATION IS REQUESTED

Surname:		Forename(s)	
Title:	Mr, Mrs, Miss, Ms, Dr (please circle)		
Address:		Previous Address: (if applicable)	
Post Code:		Post Code:	
Telephone No:		Date of Birth:	

Hospital /Health and care number	
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SECTION C: DETAILS OF REQUESTED INFORMATION

To help us identify the records promptly, please complete the following as far as you can giving as much information as possible regarding the records you are requesting:

Type of Record	Approximate Dates of Treatment/Involvement	Facility/Hospital Attended
Accident & Emergency		Please state Hospital attended
Hospital Records		Please state Hospital/Consultant/Department attended
Copy of Imaging Services X-ray, ultrasound etc -		Please state Hospital/Consultant/Department attended
Other records e.g. Physiotherapy, Occupational Therapy, Social Work, Community etc (Please State)		Please state Hospitals/Department attended

Access to personal information is provided free of charge. However, the Trust reserves the right to charge a fee, or to refuse to respond to a request, that is manifestly unreasonable or excessive. For this reason please ensure your request for information is as clear and concise as possible. If we require further details about the information that you are requesting, we will contact you.

Repeat requests for information already provided will only be processed in exceptional circumstances. The Trust reserves the right to charge a fee for a repeat request.

SECTION D – Authorisation and Identification. Please Note acceptable forms of proof of identity are for example a copy of your passport, driving licence, Translink Senior Citizen Smart Pass or electoral card.

Please select 1, 2 or 3 from the following options;

(1) I AM THE PATIENT

I am the patient and enclose a copy of my photographic ID

(2) I HAVE PARENTAL RESPONSIBILITY / POWER OF ATTORNEY FOR THE PATIENT / CLIENT

I have parental responsibility or power of attorney to manage the patient / clients affairs and I am acting in the best interests of the patient / client. I enclose a copy of photographic ID for myself and the patient / client

AND

The patient / client has consented to me making this request

(please enclose written consent from the patient / client and copy of power of attorney document if appropriate)

OR

Is incapable of understanding the request (please state reason why patient/client is incapable of understanding the request)

(Please enclose copy of power of attorney document if appropriate)

(3) I AM ACTING AS AN ADVOCATE ON THE PATIENT / CLIENTS BEHALF

I have been asked by the patient / client to act on their behalf and enclose written and signed authorisation from the patient / client and a copy of photographic ID for myself and the patient / client.

SECTION E – Requesting Access to the Records of a Deceased Person

Access is only granted to individuals who are the personal representative of the deceased or individuals who may have a claim resulting from the death of the patient / client. Only information relevant to the claim will be considered for disclosure.

For access to deceased patient records the Access to Health Records (NI) Order 1993 allows up to 40 days to respond to a request, or 21 days where the records have been created within the last 40 days of the date of the request.

Date of Patient / Client Death _____

Please select 1 or 2 from the following options;

1) I am the deceased person’s personal representative and **attach LEGAL** documentation confirming my appointment e.g. Copy of the Will, Grant of Probate, Letters of Administration, Solicitor’s letter confirming you are the deceased person’s ‘Personal Representative’ is acceptable, please see note below. I also enclose photographic proof of my identity

2) I have enclosed documentation from a solicitor detailing the claim I may have arising out of the patient /clients death and I also enclose photographic proof of my identity

Note: A Personal Representative is the individual(s) nominated in the Will as Executor: that person has the right to obtain a Grant of Probate from the Court, which in turn gives that individual the authority to administer the Estate.

Where the patient dies without a Will, an individual can make an application to the Court for Letters of Administration. The person who obtains Letters of Administration is the deceased’s Personal Representative and can therefore administer the Estate of the deceased and distribute the assets etc.

SECTION F: COMPLETED APPLICATION

Please return completed application form to the relevant Department (refer to Appendix 1) along with photocopied photographic evidence of identity and legal documentation (if required).

We will process your request as quickly as possible but you should be aware that the General Data Protection Regulation allows the Trust up to 30 days to respond to your request. This may be extended for a further 60 days for complex requests.

Disclaimer

The South Eastern Health & Social Care Trust is no longer responsible for the security and confidentiality of any Health & Social Care records which have been photocopied and supplied to you

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 records / information referred to under the terms of the General Data Protection Regulation / Access to Health Records (NI) Order 1993.

Your signature: _____ Date: _____

Print Name: ----- Designation: _____

List of Departments Dealing with Requests for Access to Records

HOSPITAL / COMMUNITY		LOCATION					
DIRECTORATE	SERVICE AREA	Ulster Hospital	Bangor Hospital	Ards Hospital	Lagan Valley Hospital	Downe Hospital	Downshire Hospital
HOSPITAL SERVICES <i>Acute Hospital Records</i>	Health Records	Medical Records Dept, Ulster Hospital Dundonald Belfast BT16 1RH Tele: (028) 95 988094			Medical Records Dept Lagan Valley Hospital Hillsborough Road Lisburn BT28 1JP Tele: (028) 92501239	Medical Records Dept, Downe Hospital Struell Wells Road Downpatrick BT30 6RL Tele: (028) 4483 8246	Not applicable
	Maternity						
	Radiology	Radiology Department, Ulster Hospital Dundonald Belfast BT16 1RH Tele: (028) 9055 0477					
	Emergency Department/Minor Injuries Departments	ED Office Ulster Hospital Dundonald Belfast BT16 1RH Tele: (028) 90-561423 ext 89657					
ADULT SERVICES <i>Mental Health Records</i>	Outpatient/Addiction Services	Mental Health Unit Ards Hospital Church Street Newtownards BT23 4AS Tele: (028) 91 510106	Not Applicable	Mental Health Unit Ards Hospital Church Street Newtownards BT23 4AS Tele: (028) 91 510106	Records & Information Dept Downshire Hospital Ardglass Road Downpatrick BT30 6RA Tele: (028) 4461 3311		

HOSPITAL / COMMUNITY		LOCATION					
DIRECTORATE	SERVICE AREA	Ulster Hospital	Bangor Hospital	Ards Hospital	Lagan Valley Hospital	Downe Hospital	Downshire Hospital
PRIMARY CARE & ELDERLY SERVICES	GP Out of Hours	Not Applicable	Not Applicable	GP Out of Hours Ards Hospital Tele: (028) 91 822344	Out of Hours Manager Lagan Valley Hospital Hillsborough Road Lisburn BT28 1JP Tele: (028) 9251 0273 or 510272		Not Applicable
<i>Primary /Community Care Records</i>	Physiotherapy	Information Governance Dept Lough House Ards Hospital Newtownards, BT23 4AS Tele: (028) 9151 2232					
	Podiatry						
	Dental						
	Psychology						
	Social Services						