

Address: SARs Administrator, Royal Papworth House, 10 Spitfire Close, Ermine Business Park, Huntingdon, Cambridge, PE29 6XY. **Email:** Papworth.SARs@nhs.net

Access to Health Records for Deceased Patients

(Made under the Access to Health Records Act 1990)

Data is being processed by SAR team on behalf of the Data Controller

Applicant Details				
TITLE		FORENAME(S)		SURNAME
ADDRESS				
			POST CODE	
TELEPHONE NUMBER(S) Landline: Mobile:			CAN WE LEAVE A MESSAGE? (Please delete as appropriate)	YES/NO
EMAIL ADDRESS: (it is the responsibility of the recipient to ensure this email is not shared as it will be used to send your information and password)				
RELATIONSHIP TO DECEASED (where applicable)				

Patient Details				
TITLE		FORENAME(S)		SURNAME
ADDRESS				
			POST CODE	
DATE OF BIRTH			DATE OF DEATH	
HOSPITAL NUMBER: (if known)			NHS NUMBER: (if known)	

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Are you requesting access to the patient's (Please tick one only)

FULL Health Records? **Or PARTIAL** Health Records?

If partial please provide as much detail as possible below eg. dates (start-end) etc.

Copies of X-Rays/Scans required?

How would you like to receive the imaging? (Please select one only)

Email Please (include email address and a mobile number for a password in your details)

Disk through the post

How would you like to receive the patient's records? (Please tick one only)

Secure File Transfer (Sent to your email with instructions). **Recommended method of transfer**
 I agree for a disc to be sent via Royal Mail Standard Delivery (this service is free of charge)

Email

I agree to collect the record in person (from Huntingdon or Cambridge)

Paper Recorded Delivery (via Royal Mail). Please be aware that once your paper documents have left via this method the Trust are unable to guarantee its safety. If the documents are excessive you may also incur a charge.

Have you been asked by your solicitor/insurance company to provide copies of your records for the purpose of a claim?

Against the Trust Against a third party Neither Do not wish to say

PROOF OF ELIGIBILITY (Please tick as appropriate)

I am the deceased patient's representative and attach one of the following as confirmation of appointment.

- A copy of the grant of probate
- A copy of the grant of letters of administration

Title: Subject Access Request Form for Deceased Patient
 Author: Subject Access Team

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Proof of identity checklist for individuals (Copies only please – we cannot be held responsible for original documents).

You cannot use one form of identification for both name and address.

For example, if you provide your driving license as proof of your name you must provide another form of identification for your address, such as a utility bill.

Proof of name

Proof of address

Current signed passport

Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months

Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)

Local authority council tax bill for the current council tax year

EEA member state identity card (which can also be used as evidence of address if it carries this)

Current UK driving license (but only if not used for the name evidence)

Current UK or EEA photo card driving license

Bank, Building Society or Credit Union statement or passbook dated within the last three months

Full old-style driving license

Original mortgage statement from a recognised lender issued for the last full year

Photographic registration cards for self-employed individuals in the construction industry -CIS4

Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address

Benefit book or original notification letter from Benefits Agency

Council or housing association rent card or tenancy agreement for the current year

Firearms or shotgun certificate

Benefit book or original notification letter from Benefits Agency (but not if used as proof of name)

Residence permit issued by the Home Office to EEA nationals on sight of own country passport

HMRC self-assessment letters or tax demand dated within the current financial year

National identity card bearing a photograph of the applicant

Electoral Register entry
NHS Medical card or letter of confirmation from GP's practice of registration with the surgery

Documents we will not accept include, but are not limited to

- Provisional driving license
- Mobile phone bills
- Credit card statements

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Before you send your application back, please ensure you have done the following:-

- 1 Fully completed the request form
- 2 Clearly specified which information you require as this will be the only information you receive
- 3 Signed and dated the declaration
- 4 Check and confirm that this email is not shared
- 5 Enclosed **copies** of your ID documents

OR:

- 6 Enclosed one of the following documents:
 - Copy of the grant of probate to prove status as executor of the will
 - Copy of letters of administration

The GDPR provides the following rights for individuals:

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling

DECLARATION (Important - Please read):

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 information above under the terms of the Access to Health Records Act 1990.

Under the GDPR a request can be made free of charge. However, a “reasonable fee” will be charged for further copies of the same information and when a request is manifestly unfounded or excessive, particularly if it is repetitive. The fee will be based on the administrative cost of providing the information. Royal Papworth NHS Foundation Trust will not be held responsible for copies which are lost or damaged in the post, this includes international post.

I have enclosed **copies** of documentation requested.

Signed Date