**Deceased Patients Access to Health Records**

(The Access to Health Records Act 1990)

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| The Access to Health Records Act 1990 gives certain people a right to see the health records of somebody who has died. These people are defined under section 3(1)(f) of that act as ‘the patient’s personal representative and any person who may have a claim arising out of the patient’s death’. A personal representative is the executor or administrator of the dead person’s estate. The law allows you to see records made after 1 November 1991. However, records are usually only kept for three years after someone’s death. You won’t be able to see information that could: * cause serious harm to your physical or mental health, or anyone else’s; or
* identify another person (except members of NHS staff who have treated the patient) unless that person gives their permission.

You won’t be able to see the records of someone who made it clear that they didn’t want other people to see their records after their death.If you need any more advice about your rights under the Access to Health Records Act. |

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| **Please note: NHS Fife will only provide the last episode of care.**This will be handled in line with current legislative guidelines. |

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| **Please complete this application form for access requests for deceased patients**This form should be used if you wish to find out what health information, if any, NHS Fife is holding or processing that relates to the deceased person.In order to provide you with the information you are seeking, please provide as many details as possible regarding the records you are wishing to receive. We are unable to process your request without a fully completed application form, proof of ID and relevant supporting documents.**Please fill in this application form using BLOCK CAPITALS and black ink.** If you require any assistance completing the application form, please do not hesitate to contact the Data Subject Access Request Single Point of Contact (DSAR SPOC) – fife.dsarspoc@nhs.scot or telephone on 01592 643 355 ext. 35194.  |

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| **Send your filled-in form to:**DSAR SPOCIG&S DepartmentLynebank HospitalHalbeath RoadDunfermlineFifeKY11 8JH**Or by email to:**fife.dsarspoc@nhs.scot |

**Section 1: Deceased patient details**

Please fill in this section as fully and accurately as you can, with the personal details of the patient this access request is about. This will help us trace the personal information you need.

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| **Last name:** |  | **First name:** |  |
| **Address:** |  |
| **Postcode:** |  | **Date of Birth:** |  |
| **CHI (community health index)**  |  | **Sex:** |  |

If the person this access is about has changed their name or lived at a different address during the periods of treatment, please provide these details.

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| **Previous name:** |  |
| **Previous address:** |  |
| **Dates from and to:** |  |

**Section 2 - Information required**

To assist us with satisfying your request in a timely manner, please be as specific as possible regarding the information you require, including dates, locations, services, and specialities.

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| Hospital(s) |  |
| Wards/Clinics |  |
| Dates from and to(Please give approximations) |  |
| Please outline any clinic letters/inpatient records/nursing notes/results etc you would like.Please specify which services(s) you require from the list below: |

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| * Acute (e.g., Admissions, Cardiology, Day Surgery, Laboratories, Midwifery, ENT)
* Audiology
* CAMHS
* Childrens Services (e.g., Health Visiting, School Nursing, Children & Young People Services)
* Community Care (e.g., Rehabilitation, Specialist Community Nursing Services, District Nursing, Palliative Care Outreach Service, Hospital at Home)
* Community Dental
* Medical Photography
* Mental Health/Learning Disabilities
* Occupational Health
* Physiotherapy
* Podiatry
* Radiology
* Rehab and Therapies
* Rheumatology
* Sexual Health
* Speech and Language
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**Section 3 - Preferred method of delivery** (only choose one)

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| Paper copies Secure Post (to address specified in Section 1 above). |  |
| Paper Copies - Collection in person (time and collection details will be advised on completion of request - ID will be required). Address of collection also to be advised. |  |
| Electronic File Transfer (secure email). Please specify how you wish to receive password**? By telephone/by email.** |  |
| Radiology (X-Rays, CT/MRI scans etc.) – Only available on Encrypted Disc |  |
| Viewing of records only – relevant professional will be in attendance (time and viewing details will be advised on completion of request - ID will be required. Please note records will not be available to remove or copy at this appointment). |  |

**Section 4: Proof of Identification and supporting documents**

To process your request, we require two forms of Identification, one photographic and one confirming your current address.

The following documents will be accepted, please do not send original documents. Any financial details should be removed.

**Photographic Identification:**

* Photograph page from current passport.
* Photograph section of a current driving licence.
* National entitlement card (i.e., Bus pass / Young Scot Card)
* Current employment work badge (NHS, Forces, National Service only)
* Passport picture signed by medical professional involved in your care.

**Proof of Address (within 3 months of request)**

* Utility or council tax bill
* Bank or credit card statement
* Current council/housing association rental agreement
* Other documentation showing your address may be considered. Please contact DSAR SPOC for further advice.

If appointed as a representative, identification for both parties will be required, unless one of the supporting documents listed below is supplied. In this event, we only require identification (as described above) for the representative.

**Supporting Documentation (please do not send original documents)**

* Executor of a Will
* Confirmation of Relationship of the deceased – (Birth Certificate/Marriage Certificate)
* Death Certificate

**Declaration**

I declare that, as far as I know, the information I have given in this form is correct, and that (tick one box only):

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| I am the executor of the estate of the person who has died. |  |
| I am the personal representative of the person who has died and attach written confirmation of this. |  |
| I have a claim arising from the patient’s death and want to access information relevant to my claim. I attach details of the grounds for my claim.  |  |

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| **Details of my claim:** |

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| **Signature:** |  |
| **Print name:** |  |
| **Address:** |  |
| **Phone number:** |  |
| **Email Address:** |  |
| **Relationship to patient:** |  |
| **Date:** |  |