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REQUEST FOR ACCESS TO HEALTH RECORDS

Thank you for your enquiry

Please find enclosed a form to be completed and returned to me as soon as possible. Following receipt of your completed application form I will aim to provide you with access to the health records within 40 days of your request being made and any necessary fee being paid.

Please note that whilst every effort will be made to provide you with access to health records, the record holder reserves the right to refuse access if it is felt that it would cause serious harm to the physical or mental health of you or anyone else.

You may also be refused access where health records contain information about a third party or where the author of the information requests their consent be sought prior to access. In this situation we will refer you to the author.

When requesting access to health records of someone who has died, your rights are different. As the confidentiality survives a patient's death, then you have to have clear reasons for wanting access. This may be because you are:

- The patient's personal representative
- An executor of their will
- A person granted letters of administration by the probate registry, or
- A person with a claim arising out of the patient's death

If you have any queries please do not hesitate to contact myself.

David Nicholson
Practice Manager

SAVILLE MEDICAL GROUP

**APPLICATION FOR ACCESS TO RECORDS
(ACCESS TO HEALTH RECORDS ACT 1990)**

DETAILS OF THE RECORD TO BE ACCESSED (by the Patient)

Patient's Details:

Surname:	
Forename (s):	
Address	
Post Code:	
Telephone No:	

NHS Number (if known):	
Date of Birth:	

Details of Application:

Record in respect of the healthcare provided by
Professor/Doctor/Nurse/Mr/Ms:

Name of Surgery:

Health care provided during the period:

From:

To:

State condition/illness
(if known)

Reason for application (please specify)

Declaration:

I declare that I am the patient and 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 record referred to above under the terms of the Access to Health Records Act 1990.

Patient's Signature:..... Date:.....

Details of Applicant:

Surname:	
Forename (s):	
Address:	
Post Code:	
Telephone No:	

Please tick appropriate box below:

- I have been asked by the patient and attach the patient's written authority.
- I am acting in loco parentis and the patient is under age 16 and (is incapable of understanding the request) (has consented to my making the request).
- I am the deceased patient's personal representative and attach confirmation of my appointment.
- I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that:

.....
.....

Declaration (to be completed by Applicant)

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 to overleaf under the terms of the Access to Health Records Act 1990 and that any information accessed by me regarding this application will be treated in the strictest of confidence.

Applicant's Signature..... Date.....

Certification (Witness to Applicant's Signature)

I certify that I am

(Name).....

And that I have known the applicant for _____ years as an employee/client/patient/personal friend and have witnessed the applicant sign this form.

Signed..... Date.....