

## Access to Health Records Request Form

Under Data Protection Legislation, individuals have the right to request copies of information held about them by an organisation. By filling in this form, and returning it to University Hospitals Bristol NHS Foundation Trust (UH Bristol) you are making a subject access request, and invoking your right of access.

UH Bristol has a duty to keep the information of our patients secure and confidential, and so we must therefore ensure that any applications for access to records have been made either by the patient, or an individual entitled to access the patient's records.

UH Bristol will withhold information which we consider might cause serious harm to the physical or mental health of an individual or any other person. If there is any information that will identify a third party, then we may seek their consent for disclosure, or withhold that information.

In most cases, information requested under a Subject Access Request will be provided free of charge within one month of Weston General Hospital receiving the request. However, Weston General Hospital can extend this period by up to two months for complex or repeat requests, and we will inform you where we have taken such action.

More information can be found on: <https://www.uhbw.nhs.uk/p/how-we-use-your-data/what-we-do-with-your-information>.

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### 1: Details of the records to be accessed

<b>Surname:</b>		<b>Previous Surname:</b>	
<b>Forename(s):</b>			
<b>Current Address:</b>	<b>Date of Birth:</b>		
	<b>Sex:</b>		
	<b>Trust No (if known):</b>		
<b>Postcode:</b>	<b>NHS No (if known):</b>		
<b>Previous Address:</b>	<b>Home Telephone:</b>		
	<b>Work Telephone:</b>		
	<b>Mobile:</b>		
	<b>Email:</b>		

**2: Details of the applicant (if different from section 1)**

<b>Surname:</b>		<b>Forename(s):</b>	
<b>Address:</b>		<b>Relationship to patient:</b>	
		<b>Telephone:</b>	
		<b>Mobile:</b>	
<b>Postcode:</b>		<b>Email:</b>	

**3: What information do you require?**

You have no obligation to inform us of the reason you are exercising your right of access. However, by specifying the information you require, it can help the Trust respond more quickly and to provide a more comprehensive and accurate response.

**Please inform us of the period or part of your health record you require access to. This may include specific dates, hospitals, departments, consultants and specific inpatient or outpatient attendances. If you are applying for access to all available records please write ALL below.**

**Please specify ONE of the below formats you would like to receive your records in:**

Paper	<input type="checkbox"/>	Encrypted Disc	<input type="checkbox"/>	Encrypted Email	<input type="checkbox"/>
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**4: Claims**

If you are making a request to access health records in pursuance of a clinical negligence claim or a claim arising from the patient's death then please provide as much information as possible relating to the claim below. There is no definition of what will be classed as a claim, and the Trust will consider each request on a case by case basis.

## 5: Declaration

I declare that the information given in this form is correct to the best of my knowledge and that I am entitled to apply for access to the health records described in section 1 under the terms of the General Data Protection Regulation 2018 and the Access to Health Records Act 1990.

<b>Please tick the relevant statement:</b>	
I am the patient	<input type="checkbox"/>
I have been asked to act by the patient and I attach the patient's written authorisation	<input type="checkbox"/>
I have parental responsibility, the patient is under 16 and is incapable of understanding the request	<input type="checkbox"/>
I have parental responsibility, the patient is under 16 and has consented to making this request and I attach the written authorisation	<input type="checkbox"/>
I am the deceased patient's Executor/Personal Representative and I attach confirmation of my appointment	<input type="checkbox"/>
<b>Signature of applicant:</b>	
<b>Date:</b>	

**Please Provide Proof of Identity as listed overleaf-**

## 6: Proof of identity and authorisation

The Trust is not obliged to comply with any request unless we receive sufficient information to identify the patient and applicant (if different) and to locate the information held.

Applicant	Typical Minimum Proof
Patient	<ul style="list-style-type: none"> <li>Copy of passport, driving licence or birth certificate</li> </ul>
Representative of patient (e.g. relative, carer)	<ul style="list-style-type: none"> <li>Copy of Applicant's passport, driving licence or birth certificate</li> </ul> <p><b>And one of the following:</b></p> <ul style="list-style-type: none"> <li>Copy of Lasting Power of Attorney</li> <li>Evidence of appointment as Independent Mental Capacity Advocate</li> <li>Informed consent of the patient</li> </ul>
Parent or Guardian of child <sup>(i)</sup>	<ul style="list-style-type: none"> <li>Copy of Applicant's passport, driving licence or birth certificate</li> </ul> <p><b>And one of the following:</b></p> <ul style="list-style-type: none"> <li>Applicant's name on patient's birth certificate</li> <li>Applicant's name on patient's adoption certificate</li> <li>Court Order granting the applicant parental responsibility</li> <li>(Where Unmarried) copy of parental responsibility agreement signed by both parties</li> </ul>
Executor/Personal Representative of a deceased patient	<ul style="list-style-type: none"> <li>Copy of Applicant's passport, driving licence or birth certificate</li> </ul> <p><b>And one of the following:</b></p> <ul style="list-style-type: none"> <li>Copy of the Will naming you the executor</li> <li>If the person died without making a Will but Letters of Administration were granted, that you were the person to whom were granted</li> </ul>
Person who may have a claim arising from the patient's death	<ul style="list-style-type: none"> <li>Copy of Applicant's passport, driving licence or birth certificate</li> <li>Evidence supporting the claim</li> </ul>

<sup>(i)</sup> If the child is aged around 12 years old or over, and has the capacity to understand the request, the child's written consent will also be required as evidence. If the child lacks the capacity to understand the request, evidence will be required that the applicant is acting in loco parentis.

Once complete, please return the form and the required proof of identification/authorisation via:

**Email:**

[wnt-tr.WestonSAR@nhs.net](mailto:wnt-tr.WestonSAR@nhs.net)

**Post:**

Subject Access Requests Team  
 c/o Medical Records Department  
 Weston General Hospital  
 Grove Road  
 Uphill  
 Weston-super-Mare  
 BS23 4TQ