Dear XXX

I refer to your request of <insert date> for access to the records of <insert deceased patient’s name> which was received on <insert date>.

Your request will be processed in accordance with the Access to Health Records Act 1990 which allows either:

* The patient’s personal representative an unqualified right of access to a deceased person’s record. A personal representative does not need to give a reason for applying for access. A personal representative is the Executor or Administrator of a deceased person’s estate, or;
* Another individual right of access only where they can establish a claim arising from a patient’s death.

In order to process your request we will require:

* Evidence that you are the Executor or Administrator prior to processing your request, or;
* Details of the claim that has arisen and provide specific information on the part of the record you require as only information relating directly to the claim can be disclosed.
* We also require evidence of identity to ensure the Trust does not disclose any confidential information to an incorrect individual. Proof of identity includes two different official documents which between them provide sufficient information to prove your name, date of birth and current address (for example a driving licence, birth certificate or passport together with a utility bill or bank statement (with financial information blanked out).
* Details of the specific records you require access to, including the service under which the patient was being treated and the time frame of the records required.

Please see attached form for completion, to the best of your ability, and return.

The Trust will aim to respond to your request within 21 days of receiving the above requested information. Please be aware that the duty of confidentiality lives on after someone’s death therefore in some circumstances it may be necessary to withhold some information.

Whilst the Trust will make every effort to process your request within the statutory timeframe, it may not be possible to respond on time due to the pressures of COVID 19 and the need to ensure the well-being of our staff and service users. We will write to you if we anticipate a delay and hope in advance that you will accept our apologies if this should occur.

Should you have any further queries please do not hesitate to contact me.

Yours sincerely

Name

Job title

Team Name

(insert email signature)