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| **Request for access to the records of deceased patients**  **under the Access to Health Records Act 1990** |
| **Part A. Patient details** |
| NHS no *(if known)*……………/……………/……………/………………/…………  Last name ……………………………………………….………… First name(s) ……………………………………….….…………………  Date of birth: (dd/mm/yyyy)………………………………………………… Male / Female ……………………………….……….  Last recorded address (including postcode): ………………………………………………….……………………………………….  …………………………………………………………………………………………………………………………………………………….…………  ………………………………………………………………………………………………………………………………………………..………………  ………………………………………………………………………………………… Postcode ……………………………………………………  If the name and/or address of the patient was different when under the care of the Trust please add details below  Previous last name(s) ………………………………………………………………………………………..………………………………….  Previous address(es) …………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………Postcode …………………………………….  Service(s) where the patient received care: …………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………….……  Approximate dates when the patient was under the Trust’s care: ………………………………………..……………….  ………………………………………………………………………………………………………………………………………………………………. |

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| **Part B. Information required** *(please give details to assist in locating the information e.g. a particular episode of care, a date range etc)* |

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| **Part C. Basis for requesting disclosure** *(delete as applicable)* | |
| 1. I (or a solicitor acting on behalf of a client) am the patient’s personal representative as I am the Executor of the will or have been appointed as Administrator of the estate *(attach documentation demonstrating your right to act in this capacity e.g. Grant of Probate / Grant or Letters of Administration)* |  |
| 2. I (or a solicitor acting on behalf of a client) have a claim arising out of the deceased person’s death *(attach supporting*  *documentation e.g. a solicitor’s request or state clearly what information is required)* |  |
| 3. I (or a solicitor acting on behalf of a client) do not have a legal basis and am therefore explaining below why I am requesting access to the records |  |
| ……………………………………………………………………………………………………………………………………………………..…  ……………………………………………………………………………………………….……………………………………………………….  …………………………………………………………………………………………………….………………………………………………….  ……………………………………………………………………………………………………………..………………………………………….  …………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………  4. I am a solicitor acting on behalf of <insert applicant’s name> who is applying for access on the basis selected above. My client has completed the Declaration in Part D. I am attaching photocopies of official documents to prove their identification in line with the requirements set out in Part E.  There is no intended claim against East London NHS Foundation Trust / there is an intended claim against East London NHS Foundation Trust (*Please delete as applicable – this will not affect the Trust’s response).* |  |

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| **Part D. Declaration** |
| I declare that the information given in this application is correct to the best of my knowledge and that I am entitled to apply for access to the health records of a deceased patient under the terms of the Access to Health Records Act 1990  Full name of the applicant ……………………………………………………………..……………………………………………………..  Signature of the applicant ………………………………………………..…………………………………………………………………..  Date ……………………………………………………………………………………………………………………………………………………… |

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| **Part E. Returning your form** *(your form should be returned together with photocopies of 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).* |

Please return your completed form to:

The locality where care was received, or

Information Governance Department

East London NHS Foundation Trust

Charter House

Alma Street

Luton

LU1 2PJ

Or by email to: [elft.accesstorecords@nhs.net](mailto:elft.accesstorecords@nhs.net)