

**SUBJECT ACCESS REQUEST FORM (ATHR)**

**ACCESS TO RECORDS UNDER THE ACCESS TO HEALTH RECORDS ACT (1990)**

**NOTES FOR APPLICANTS**

**Please read these guidance notes before completing the Application Form**

Note 1 (Part A) – Identity of the person about whom the information is requested

Complete all details relating to the person whose records you wish to access. This should include former names (e.g. maiden name) and previous address, if applicable, for the period relating to the record requested.

If known, please provide the Hospital Registration Number and NHS Number.

Note 2 (Part B) – Details of the information required.

Please specify the records you wish to access and provide as many details as possible this includes the episode(s) of care and date range of documents requested.

Note 3 (Part C) – Declaration

*This part must be completed by the person seeking access.*

Sign and date in the space provided provide your address, telephone number and relationship to the person.

You will need to supply a form of identification: either a current photo driver’s licence or a current photo passport, and a copy of the authority confirming you are the personal representative of the deceased.

We require proof of identity before we can process your request. This is to protect the identity of the data subject and ensure that the Data Protection principles are not breached. Photocopies are acceptable, DO NOT send original documents.

GENERAL NOTES

WARNING – It is a criminal offence to make false or misleading statements in order to obtain information.

Individuals have a right to confidentiality of their personal health information, even following their death, and the Trust must be satisfied that an applicant is the person’s authorised representative. This may involve checking the identity of any of the named persons on the completed application form and their validity to request access.

Information may be withheld where it is considered that access might cause harm to the physical or mental health of the patient or any other individual, or where a third party might be identified.

PLEASE COMPLETE IN BLOCK CAPITALS

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

**Part A – Identity of the Person about whom the information is requested** (see note 1)

|  |  |
| --- | --- |
| **SURNAME:** | **FORMERLY:** |
| **FORENAME(S):** | **DATE OF BIRTH:** |
| **CURRENT ADDRESS:** | **PREVIOUS ADDRESS:** |
| **TEL NO:** |  |
| **Email address:** |  |
| **HOSPITAL NUMBER:** | **NHS NUMBER:** |

**Part B – Details of the information required** (see note 2)

|  |  |  |
| --- | --- | --- |
| Department | Brief details of information required | Approximate Date(s) |
|  |  |  |

**Part C – Declaration** (see note 3)

**I declare that the information given is correct to the best of my knowledge and that I am entitled to apply for access to the information detailed above under the terms of the ATHR 1990.**

|  |  |
| --- | --- |
| **SIGNED:** | **ADDRESS** (if different from that in Part A) |
| **PRINT NAME:** |  |
| **DATE:** |  |
| **TEL NO:** |  |
| **RELATIONSHIP TO PERSON:** |  |

**Please confirm the details of the identification information enclosed with the application:**

|  |  |
| --- | --- |
|  | Photocopy of current photo driver’s licence |
|  | Photocopy of current passport |
|  | Confirmation the applicant is the personal representative of the deceased |

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Please return the completed form along with proof of identity by email to:

[wah-tr.subjectaccessrequests@nhs.net](mailto:wah-tr.subjectaccessrequests@nhs.net)

Alternatively, by post to:

Medico-Legal Co-ordinator

Alexandra Hospital

Woodrow Drive

Redditch

B98 7UB