



Request for access under the Access to Health Records Act, 1990

Form 3 Request for access to personal information relating to a deceased patient

The Access to Health Records Act 1990 grants rights to certain individuals to see what has been written about a deceased patient in a hospital and other health records. This only applies however to written records made on or after 1st November 1991.

Access is only available to the deceased's personal representative or to any person having a claim arising out of a patient's death.

Access may not be permitted if the following circumstances apply:

1. If it is considered that the patient would not have wished disclosure.
2. If access would lead to the identification of someone else not involved in the patients care.
3. If access would cause serious mental or physical harm to someone else not involved in the patient's care.

Information collected on this form will be used by Birmingham and Solihull Mental Health Foundation Trust for the purpose of complying with your Access to Health Records Request.

It will be shared with staff who have a designated role in this process and the request and any subsequent disclosure will be retained by the Trust for 3 years before being confidentially destroyed.

Section 1	Identity of the person about whom information is being requested													
Surname:					Date of Birth	D	D	M	M	Y	Y	Y	Y	
Previous Surname: (if applicable)														
First Name(s)														
Last Known Address:											Postcode:			
Hospital/ NHS No' (if known):					Date of Death:	D	D	M	M	Y	Y	Y	Y	

Section 2: Details of records to be accessed	
Consultant/ Department	Condition or illness
Time Period Information Relates to	

Section 3	Declaration
I declare that the information given in this form is correct to the best of my knowledge and that (tick one box only/ evidence must be provided):	
▶ I am the executor of the estate.	
▶ I have been designated the administrator of the patient.	
▶ I have a claim arising from the person's death and wish to access information relevant to my claim and attach details of the grounds of my claim.	

Is litigation being contemplated against this Trust	Yes		No	
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Section 4	Please complete details for person requesting information									
Surname:		Date:	D	D	M	M	Y	Y	Y	Y
First Name(s)										
Address:										
		Postcode:								
Relationship to patient:										
Signed:										
Please provide the following details if you are happy for us to contact you in this way:										
Home Number:		Mobile Number:								
Email:										

Section 4: Evidence required
<p>We are unable to provide copies of records without the following information:</p> <ul style="list-style-type: none"> ➤ Copy of death certificate of data subject ➤ Copy of documents to prove declaration in section 3, e.g. Power of Attorney, Grant of Probate ➤ ID from the requester (please refer to 'Guide 2' for further details)

Section 5: Certification on behalf of applicant

(To be completed by a non-family member that has known the applicant for 12 months or more)

I Certify that I have known
..... for years,
and certify that I have just witnessed this person sign this Request for Personal Information
under the Access to Health Records Act, 1990.

I further confirm that I am an independent witness and in no way related to the applicant.

Signed:		Date:	D	D	M	M	Y	Y	Y	Y
Full Name										
Address:										
Telephone number/ Email:										

PLEASE NOTE...

You are advised that the making of false or misleading statements in order to obtain access to personal information to which you are not entitled is a criminal offence.

Contact Details

If you have any questions or difficulties with completing this form please contact us:

Tel: 0121 301 1155 Fax: 0121 301 1103 Email: bsmhft.informationrequests@nhs.net

Please ensure you enclose two copies of your identification

Please refer to '**Guide 2**' for further details.

Please return completed forms to...

A2HR Requests
Records Department
Trust Headquarters
Unit 1, B1
50 Summer Hill Road
Birmingham
B1 3RB

or email to: bsmhft.informationrequests@nhs.net

Other Formats: To receive this information in another format please contact -

PALS on 0800 95 30 045

Information for Applicants

Applications for access to the Health Records of a deceased person are made under the Access to Health Records Act 1990. The Access to Health Records Act allows a person who is either the patient's personal representative or a person who has a claim arising from the deceased person's death to apply for the Health Records.

All requests for access to Health Records must be made in writing. Please make sure you fully complete the application form in order to enable us to process your request efficiently.

In order to maintain confidentiality and to confirm your identity and you will be asked to provide evidence.

We will require a copy of two identity documents of the requester prior to releasing any personal data (please see below for the the list of documents we accept)			
	One with name and address , and		One with name and signature

We accept copies of the following documents as proof of identity...					
	Current valid passport		Driving license (full or provisional)		Recent paid utility bill in applicants name*
	Birth/ Marriage Certificate		Pay slips from current/ most recent employer*		Bank Statements*
	Benefit award letters		National Identity Card		P45 or P60
	UK residential permit and/ or Home Office acknowledgment letter		Certificate of employment in HM Forces/ Navy		Letter from a solicitor, social worker or probation officer
*Within the last three months					

In addition, you will also have to provide a copy of a current utility bill in order to verify your address. This is to safeguard against unauthorised and inappropriate access.

On receipt of the completed application form, the request will be processed. The Health Records, together with the application form will be passed to clinicians for permission to release the copies you require. Once permission has been received you will be notified.