# Annex A – Access to a deceased patient’s health record information and form

**Part A: Information**

At Burney Street Practice, we appreciate that this is likely to be a distressing time for you and we wish to make the application process to access the health record as stress free as possible.

It is requested that you please complete the relevant sections of this form to enable us to facilitate your request.

**Rights of access**

Requests for access to health records of patients who are deceased are dealt with through the Access to Health Records Act 1990 (AHRA). There are certain individuals who have rights of access to the health records of a deceased person.

These are:

1. The patient’s personal representative

A personal representative is the executor or administrator of the deceased person’s estate. An example of when we can confirm that the applicant is a personal representative of the patient is when the applicant is, or has been, the executor of the will and they have sent us copies of documents as evidence of this relationship.

1. Any person who may have a claim arising out of the patient’s death

If the application is in respect of a claim arising from a patient’s death, access cannot be given to information that is obviously not relevant to the claim.

The law requires us to ask you for information to determine your right to access the health record. If you are applying to see a deceased relative’s record, we will need to see one of the following:

* Grant of probate
* Letter of administration
* Last will and testament

If you do not have any of these, we need proof of your entitlement to access the record, such as the deceased’s

* Birth certificate
* Marriage certificate
* Death certificate

**Proof of identity**

It will be necessary to confirm the identity of all parties included on this form. Please supply a photocopy of one document from sections A and B.

A Confirmation of name

* Full driving licence
* Passport
* Birth certificate
* Marriage certificate
* Health and Social Care Information Centre identity badge

B Confirmation of address

* Utility bill
* Bank statement
* Credit card statement
* Benefit book
* Pension book

**Limitations to accessing the record or part of the record**

This practice follows the standard health records retention schedule whereby records are no longer held for patients who passed away more than 10 years ago. We are required to check that any disclosure is subject to the recorded wishes of the deceased person.

We will ensure there is nothing in the record that could harm a third person (such as information about the health of another person) if the record is to be released. If the health record, or part of the health record, is being withheld, we will advise you why but we will not be able to give you specific details.

It should be noted that under the Access to Health Records Act 1990, there is no obligation for us to provide records prior to 1991 unless a doctor feels this will help in understanding any records created after this date.

If the records that you are requesting relate to a period before 1991, we will have to consider the reasons why you are making this request. Therefore, please clearly specify why you require these records.

**About the request**

Access will not be given where a request is non-specific, e.g., you have a concern about treatment or care; you will need to outline specific concerns related to the care leading to a potential claim.

Only information directly relevant to a request will be disclosed.

**Access for other reasons not specified**

If any request does not fall under the categories of people entitled to request the records, then access to a deceased person’s records will be decided on a case-by-case basis.

The person requesting the records would need to write to the organisation demonstrating the following:

* They have a valid reason for requesting the records
* They have a legitimate relationship to the deceased
* Access to the records is in the public interest

**How would you like to receive any information we are able to release to you?**

Electronically as scanned images by email

Supplied in paper copy form

Paper copies can either be collected or we can post to you by using Royal Mail's Special Delivery. As this will requires a signature on delivery, we will telephone you when we have completed this request.

If using the Royal Mail postal option, we will ask you during the call as to whether there is any specific day required for the delivery.

There is an option to view the record with a healthcare professional at the practice. Is this something that you would prefer?

Yes

No

**Our fees as set out by the Access to Health Records Act 1990 and Data Protection Act 2018**

Under the Data Protection Act 2018, the organisation will respond to any application within a month and this service will be provided free of charge unless the request is deemed excessive or repetitive, in which case an administration fee may be charged.

**Part B: Access to a deceased patient’s health record form**

**Strictly confidential**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient’s details** | | | | |
| Surname |  | | | |
| First name(s) |  | | | |
| Any other name known under |  | | | |
| Date of birth |  | | | |
| Date of death |  | | | |
| Gender | Male |  | Female |  |
| NHS number  (if known) |  | | | |
| Their address at time of death | | | | |
| Any previous address during the time they were under our care | | | | |
| **Your personal details** | | | | |
| Please now enter as much information as you can below. This will help us to deal with your request as quickly as possible. | | | | |
| Surname |  | | | |
| First name(s) |  | | | |
| Your relationship to the deceased |  | | | |
| Current address inc. postcode |  | | | |
| Telephone number(s) |  | | | |
| Email address |  | | | |
| If you have an answerphone, are you content that we leave a message if necessary?  Yes  No | | | | |
| **Details of records requested** | | | | |
| Please provide as much information, such as any dates (if known) and the reason you require access to the records: | | | | |
| Date range of records required: | | | | |
| From date |  | | | |
| To date |  | | | |
| Please provide any additional information to support this request: | | | | |
| **Confidentiality** | | | | |
| Our duty of confidentiality continues after a patient has died. We will only disclose relevant information about a patient in the following circumstances:   * When disclosure is required by law * To help a coroner, procurator fiscal or other similar officer with an inquest or fatal accident inquiry * On death certificates, which you must complete honestly and fully * When a person has a right of access to records under the Access to Health Records Act 1990 or the Access to Health Records (Northern Ireland) Order 1993, unless an exemption applies * When disclosure is necessary to meet a statutory duty of candour   We require you to provide **proof of identity** as detailed at Part A of this Annex. Copies will not be made although we will need to see original copies.  Documents are as detailed: | | | | |
| **Declaration** | | | | |
| Please note that any attempt to mislead Burney Street Practice to obtain patient records may result in prosecution.  Tick the following to confirm:  I declare that the information I have given on this form is correct to the best of my knowledge and I am entitled to apply for access to the health records referred to above under the terms of the Access to Health Records Act 1990.  I am the deceased patient's personal representative and attached is confirmation of my appointment (such as evidence of executor of the will/administrator of the estate and evidence of identity).  I have a claim arising from the patient’s death and request access to the health record on these grounds. | | | | |
| Signature | | | | |
| Date | | | | |

If you have any queries regarding the process or this form then please do not hesitate to contact the organisation.