

Application for access to health records

To enable us to verify the correct record details, please complete this application in **BLOCK** letters. Please read **Section 6** for more information for your application process.

Please note: To complete your application, please be aware that you will be required to provide ID. This is to enable our team to positively identify you as the patient or authorised requester, your current address, and ensures our compliance with the General Data Protection Regulation.

Section 1 – Patient details

Title:	
Surname:	
Forenames:	
Other known name:	
Date of birth:	
NHS number (if known):	
Hospital number (if known):	

Section 2 – Details and declaration of applicant

Title:	
Surname:	
Forenames:	
Telephone number:	
Address:	
Postcode	
Email address	

Section 3 – Declaration

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to health records referred to in this document, under the terms of the General Data Protection Regulation 2018 and the Access to Health Records Act 1990.

Declaration by: (tick appropriate box)	✓
I am the patient and attach my two forms of ID: <ul style="list-style-type: none"> • Photo ID (e.g. passport or driving licence) • A copy of a recent bill (e.g. utility bill) 	
I have been asked by the patient to apply and attach the: <ul style="list-style-type: none"> • The patient’s written authorisation • The patient’s photo ID (e.g. passport or driving licence) • Your photo ID (e.g. passport or driving licence) • A copy of your recent bill (e.g. utility bill) <p>OR</p> <ul style="list-style-type: none"> • I hold Lasting Power of Attorney for Health and Welfare and attach this, along with a copy of the patient’s ID (e.g. passport or driving licence) • Plus your photo ID (e.g. passport or driving licence) • A copy of a recent bill (e.g. utility bill) 	
The patient is under the age of 16 and I attach three forms of ID: <ul style="list-style-type: none"> • I attach the child’s birth certificate or passport • Your photo ID (e.g. passport or driving licence) • A copy of a recent bill (e.g. utility bill) 	
I am named as Executor of the patient’s will and attach three forms of ID: <ul style="list-style-type: none"> • A copy of that appointment • Your photo ID (e.g. passport or driving licence) • A copy of your recent bill (e.g. utility bill) <p><i>(Please note: partners or family members of deceased patients do not have an automatic right to see the patients’ medical records. Medical records of deceased patients continue to be protected under the Common Law Duty of Confidentiality. Only in very limited situations will records be made accessible to family members or partners who are not an Executor of the will, do not have a Letter of Administration from the court or do not have a legal claim which requires the records.)</i></p>	

<p>I have written and witnessed consent from the personal representative and attach</p> <ul style="list-style-type: none">• Written authorisation• The patient's photo ID (e.g. passport or driving licence)• Your photo ID (e.g. passport or driving licence)• A copy of your recent bill (e.g. utility bill)	
<p>I have a claim arising from the patient's death and attach</p> <ul style="list-style-type: none">• Photo ID (e.g. passport or driving licence)• A copy of a recent bill (e.g. utility bill) <p>Any other supporting documentation to help with your application:</p>	

Section 4 – Record request

If your request is for Radiology images, e.g. MRI, CT, X-ray images ONLY, go to SECTION 5

While you are not obliged to disclose the reason that you wish to access your records, it would greatly assist us and avoid any delay in the provision of this service for you to provide specific details of the information that you require, e.g. ‘treatment of leg injury in 2012 following a car accident’. This will help our team to identify the specific record types that you require.

Period	Date from	Date to

Specific requirements

Signed:

(For application and declaration)

Date: _____

(Please note: We are unable to process your request without a hand signature)

SECTION 5 – Application for digital transfer of radiology (X-ray) images held by the Royal Berkshire NHS Foundation Trust

By completing and signing this agreement, you are accepting full and sole responsibility for the on-going management and security of the image(s) once downloaded to your chosen device and that you agree to act in accordance with national data protection legislation (Data Protection Act 2018 and General Data Protection Regulation). The Royal Berkshire NHS Foundation Trust cannot be held responsible for their security or management once downloaded.

SECTION 5.1 – Images requested including dates

SECTION 5.2 – Delivery details

Delivery e-mail address (please complete in block capitals):

Mobile number OR secondary e-mail address (please complete in block capitals):

This is where your one-time passcode will be sent, to gain access to the portal.

Please note: *The images will be available on the portal for 14 days. If you wish to retain the images for longer than this period you will need to download them to your chosen device. If you request further copies of your imaging, a cost would be levied in accordance with "Guide to the General Data Protection Regulation (GDPR)" May 2018 – for costs, see next page.*

Signed: _____ **Date:** _____

(For application and declaration. We are unable to process your request without a hand signature)

SECTION 6 – Information and next steps

Identification

Please note: We require proof of your identification and cannot proceed with your application without this. It may take up to 30 days to receive your medical records.

Charges for copied records

There is no charge for this service unless it is deemed that your request is “manifestly unfounded or excessive”; then you may be charged for the service. Repeat Image requests will be charged £10.

How do I receive my records?

Your records will be sent to you via encrypted email or by recorded delivery; dependent on the volume of paperwork. You can also request to collect in person.

For Radiology (X-ray) images, you will receive an email from PACS with a link from Image Exchange Portal (please check your junk/spam mail boxes). You will also be sent a password in a text message/to secondary email account. **The images must be downloaded within 14 days of receiving the email** and repeat image requests will be charged at £10. If you require your images to be sent to you via CD, please ensure this is detailed on your application.

Sending your application

Please post, email or hand into main reception the completed application, together with the copies of the appropriate ID to the following address:

Email to: rbb-tr.accesstohealth@nhs.net

Please post to:

**Access to Health
Health Records Department
Royal Berkshire NHS Foundation Trust
Craven Road
Reading RG1 5AN**

Telephone: 0118 322 7057

(Radiology images only, telephone: 0118 322 7635)