

## 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.

### 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.

<b>Declaration by: (tick appropriate box)</b>	<b>Ü</b>
I am the patient <b>and attach</b> a copy of my identification.	
I have been asked by the patient <b>and attach</b> the patient’s written authorisation. OR I hold Lasting Power of Attorney for Health & Welfare <b>and attach</b> along with my ID.	
I am acting in loco parentis and the patient is under the age of 16 and: o Is either incapable of understanding the request; o OR has consented to my making this request <b>and attach</b> the child’s birth certificate and my ID	
I am the deceased person’s Personal Representative <b>and attach</b> copy of my appointment as well as my ID. OR I have written and witnessed consent from the personal representative <b>and attach</b> consent, proof of appointment and ID.	
I have a claim arising from the patient’s death on the following grounds: <b>and attach</b> ID.	

**Section 4 – Record request – *If your request is for radiology (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
1		

<b>Specific requirements</b>

Signed: (for application and declaration) \_\_\_\_\_ Date: \_\_\_\_\_

**Records will be sent within one month following the application and person verification process.**

## 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: (for application and declaration) \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION 6 - Information and next steps**

### **Identification**

**Please note:** We require proof of your identification and cannot proceed with your application without this. Please attach a photocopy of your passport or driving licence. If you do not have either of these items, please contact us to discuss.

### **Viewing only**

Health Records will manage your application via the correct team to arrange an appointment with the relevant clinician.

### **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 by recorded delivery unless you have requested to collect in person or via encrypted email (this is dependent on the volume of paperwork and the size of the image). For radiology (X-ray) images, you will receive an email 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.

Should you require your images to be sent to you via CD, please ensure this is detailed on your application.

### **Sending your application**

Please post or email the completed application, together with the appropriate ID to the following address:

**By post:** Access to Health  
Health Records Department  
Royal Berkshire NHS Foundation Trust  
London Road  
Reading RG1 5AN  
Telephone: 0118 322 7057 (Radiology images only, telephone:0118 322 7635)

**By email:** [rbb-tr.accesstohealth@nhs.net](mailto:rbb-tr.accesstohealth@nhs.net)

**Records will be sent within one month following the application and person verification process.**