

Application for access to health records held by the Royal Berkshire NHS Foundation Trust

Please print and complete pages 1 & 2

To enable us to verify the correct record details please complete this application in BLOCK letters.

SECTION 1 – PATIENT DETAILS

Title: Mr, Mrs, Ms, Dr	
Surname	
Forenames	
Other known name	
Date of birth	
NHS number if known	
Hospital number if known	

SECTION 2 – RECORD REQUEST

Whilst 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; this to include period of treatment and reasons for treatment, 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		
2		
3		

Specific requirements

Please tick the following boxes for records that are required:

Maternity	<input type="checkbox"/>	Pathology (Blood tests etc.)	<input type="checkbox"/>
Radiology reports (X-rays/MRI /MRI/CT)	<input type="checkbox"/>	A&E	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>
BCC	<input type="checkbox"/>	CD of Radiology Images	<input type="checkbox"/>

*Please note – Requests for **images only** will be provided within 7 days

SECTION 3 – DETAILS AND DECLARATION OF APPLICANT

Title: Mr, Mrs, Ms, Dr	
Surname	
Forenames	
Telephone number	
Address	
Postcode	
Email address	

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 Health Records referred to in this document, under the terms of the Data Protection Act 1998 and Access to Health Records Act 1990 on the grounds that: (tick appropriate box)

Declaration by:	<input checked="" type="checkbox"/>
I am the patient.	<input type="checkbox"/>
I have been asked by the patient and attach the patient's written authorisation.	<input type="checkbox"/>
I am acting in loco parentis and the patient is under the age of 16 and: <ul style="list-style-type: none"> • Is incapable of understanding the request • Has consented to my making this request. Confirmation is attached 	<input type="checkbox"/>
I am the deceased person's Personal Representative and attach a copy of confirmation of my appointment (Grant of Probate/Letters of Administration/ Power of Attorney/Will)	<input type="checkbox"/>
I have written and witnessed consent from the deceased person's Personal Representative and attach Proof of Appointment	<input type="checkbox"/>

Signed: _____

Date: _____

Further information & next steps

SECTION 4 – 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.

SECTION 5 – VIEWING ONLY

Your application will be passed to our Patient Relations Team to arrange an appointment with the relevant clinician.

SECTION 6 – 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.

We will agree with you how you wish to receive your records. Should this be via post, all records are sent by recorded delivery. Records will be sent within one month following the application and person verification process.

SECTION 7 – SENDING YOUR APPLICATION

Please post or email the completed application form, together with your 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

By email: healthrecords.accesstohealth@royalberkshire.nhs.uk