

## Request for Copies of Health Records - General Data Protection Regulations 2016

**Patient's authority consent form for release of health records: (Please print clearly all details and use dark ink)**

Identity of individual about whom information is requested:

|   |   |
|---|---|
| Full Name:                                  | Former name(s):                                       |
| Current address:                            | Former address (with dates of change):                |
| Date of birth:                              | NHS number (if known):<br>Hospital number (if known): |
| Contact phone number (including area code): | e-mail address (required for radiology)               |

The information will be provided free of charge, and will be provided within one calendar month of receipt of the request. If the request is complex or numerous then an extension of a further one month may be required. You will be informed of such an extension within one month.

If a request is considered to be manifestly unfounded or excessive, particularly if it is repetitive then the request may be refused or a reasonable fee will be charged to cover the administrative cost of providing the information. If the request is refused an explanation will be given and you will have the right to complain to the supervisory authority.

**Health records will be sent to you by disc (CD) encrypted and password protected. The password will be emailed/posted to you separately.**

**Radiology requests are provided via an Image Exchange Portal (IEP). You will receive an email from [Burnbank.IEP@nhs.net](mailto:Burnbank.IEP@nhs.net) which will provide you with a link to open an account with them and download the images to save to your computer. You will also receive an email from [esh-tr.sar@nhs.net](mailto:esh-tr.sar@nhs.net) (East Sussex Healthcare NHS Trust) with the password.**

**It is not possible to download the radiology images to tablets, mobile devices and some Apple Macs. The images must be downloaded to a computer within 14 days from receipt of the email as after this time the link expires. Radiology reports are included with the images.**

You do not have to give a reason for applying for access to your health records. However to help the NHS save time and resources, it would be helpful if you could provide details below, informing us of periods and parts of your health records you require, including radiology, along with details which you may feel have relevance i.e. consultant name, location, written diagnosis and reports etc.

Please use the space below to document and continue on another page if necessary.

## Dates and types of records requested:

|  |
|--|
|  |
|--|

Please tick the appropriate box identifying whether you or a representative on your behalf is applying for access.

|   |  |
|---|--|
| I am applying to access my own health records:                        |  |
| I have instructed my authorised representative to apply on my behalf: |  |

If you are the patient's representative please give details here

|                                     |
|-------------------------------------|
| Name and address of representative: |
| Contact number and e-mail:          |
| Signature:                          |

## What you need to do now

If you are applying in relation to your own health records you will need to supply copies of the following documentation:

1. 1 x copy of current photo ID (e.g., a passport, driving licence or public transport travel pass, **and**
2. 1 x copy of a utility bill showing your current address (e.g., a gas bill or bank statement)  
– this must be dated within the last six months

If you are applying on behalf of someone else you will need to supply one copy of the following relevant documentation:

1. 1 x copy of **your** current photo ID (e.g., a passport, driving licence or public transport travel pass)
2. 1 x copy of **your** utility bill showing your current address (e.g., a gas bill or bank statement)  
– this must be dated within the last six months

And one of the documents below, which is most appropriate.

1. **Deceased patients** - copy of Will, Letter of administration or Grant of Probate.
2. **Adult who cannot consent for themselves** – Power of Attorney (healthcare version)
3. **Children under age of 18** - child's full birth certificate / Parental Responsibility Agreement

Signature of applicant:

Print name:

Date:

### Return this form to:

Request for Information (RfI) Team  
Eastbourne District General Hospital  
Kings Drive  
Eastbourne  
East Sussex, BN21 2UD

Or e-mail a scanned copy to:

[esh-tr.SAR@nhs.net](mailto:esh-tr.SAR@nhs.net)