

Request for Copies of Health Records
- General Data Protection Regulations 2018

| 1. Identity of patient about whom information is requested (please print clearly and use dark ink) | |
|---|---|
| Miss / Mr / Mrs / Ms (please circle) | Previous name/s (if applicable): |
| Full Name: | |
| Current address: | Former address (with date of change): |
| Date of birth: | NHS number (if known): Hospital number (if known): |
| Contact phone number (including area code): | |
| I am the patient: <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| 2. If you are NOT the patient please tick below as appropriate and add your contact details: | |
|--|--------------------------|
| I am acting for the patient and I attach the patient's written authorisation/consent | <input type="checkbox"/> |
| The patient lacks the capacity to understand the request and I attach evidence that I am acting for the patient (Personal Welfare Power of Attorney (healthcare version), Independent Mental Capacity Advocate (IMCA) or Court Order) | <input type="checkbox"/> |
| The patient is under the age of 16 and I have parental responsibility, or I am acting in loco parentis and I attach proof of my parental responsibility (mother or father named on the child's full birth certificate. If a father is not listed, a copy of the parental responsibility agreement). Please note further checks may be made regarding parental responsibility. | <input type="checkbox"/> |
| I am the deceased patient's Personal Representative and I attach confirmation of my appointment (copy of a Will, Letter of administration or Grant of Probate showing you are the Executor of the Will or Administrator of the Estate) | <input type="checkbox"/> |
| I have a claim arising from the patient's death and wish to access information relevant to my claim and I attach confirmation of this in writing | <input type="checkbox"/> |
| Details of the Applicant (if not the patient): | |
| Name and address of Applicant: | |
| Contact number and Email: | |

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.

3. Records Required

Health records will be shared with you online, you will receive an email inviting you to register an account with the subject access request portal.

Radiology will be provided by email using a secure file transfer platform. You will receive an email from MFT@ams-mft.com

Please tick boxes you require:-

Health Records:

Radiology Images and reports:

Radiology Reports only:
(no images)

Please provide the email address you wish the health records and/or Radiology to be sent to:

Enter email here:

You will need to download the health records and/or radiology images within 30 days of receiving the email as for security reasons they will no longer be accessible after this time.

It is not possible to download the radiology images to tablets, iPads and mobile devices, the images can only be downloaded to a computer/Laptop.

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 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:

Signature of Applicant:

Return form to:

Request for Information (RfI) Team
Corporate Governance Office
East Sussex Healthcare NHS Trust
Eastbourne DGH
Kings Drive
Eastbourne
BN21 2UD

Note: Typed name is not acceptable, a signature is required. We will accept a scanned digital signature. If this is not possible please physically sign and either scan and email the form or post it to us.

Or Email a scanned copy to:
esh-tr.SAR@nhs.net

Print name:

Date:

**Identification documents required.
WHAT YOU NEED TO DO NOW**

(A) If you are applying for 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

OR

(B) If you are applying on behalf of someone else you will need to supply copies of all documentation listed in (A) above **as well as** a copy of the relevant document from the statement you have ticked in Box 2.

IMPORTANT: When returning your application form please ensure you provide copies of the identification documents requested above – **we are unable to process any requests without identification.**