

APPLICATION FOR ACCESS TO HEALTH RECORDS

This application form is to be used if you wish to access your health records from Sussex Community NHS Foundation Trust, or if you are requesting records on behalf of another patient either with their consent or another legal authority.

A request to access personal data is a legal right under the General Data Protection Regulation 2016 (GDPR). By completing and returning this form acknowledges that you would like us to process your request, locate the relevant health records and provide a copy of the records to you. The information you provide will be used to manage the request within Sussex Community NHS Foundation Trust and will be kept on record for 3 years in accordance with the recommended record retention period provided by the *Record Management Code of Practice for Health and Social Care (2016)*.

We ask that you provide as much information as possible to help us locate all of the correct records in the quickest time. We will try to make sure your request is dealt with within 21 days of receipt of all the information required; however, in the event that it will take longer than 30 days we will inform you.

Patient's Details

NHS Number (if known):

Patient's forename(s) & surname:

Patient's date of birth:

Patient's address:

(Please also include the address at the time of treatment if different)

Telephone Number(s):

Name of service(s) with location or hospital(s) attended
(Please include as much detail as possible)

Approximate date of record/treatment:

I am the patient:

YES

NO

Applicant's Details (if different from the above)

Details of applicant:

Forename(s) & Surname:

Address:

Telephone Number(s):

Please tick/select as appropriate:

I am acting for the patient **and** I attach the patient's written authorisation/consent

The patient lacks the capacity to understand the request **and** I attach evidence that I am acting for the patient (e.g. Lasting Power of Attorney, Independent Mental Capacity Advocate (IMCA))

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 (e.g. named on the child's birth certificate. If a father is not listed, a copy of the marriage certificate or parental responsibility agreement)

The patient is under the age of 16 and has the capacity to understand the request **and** I attach the child's written consent for access to their record.

I am the deceased patient's personal representative **and** I attach confirmation of my appointment (e.g. listed as an executor on the will).

I have a claim arising from the patient's death and wish to access information relevant to my claim **and** I attach evidence of this claim.

IMPORTANT:

In addition to information requested above, all patients and applicants must provide proof of identity. We require a **copy** of your passport, driving licence or birth certificate and proof of address dated within the last 6 months (i.e. copy of utility bill, bank statement, council tax form etc).

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 the health records referred to above under the terms of the General Data Protection Regulation (2016) and the Access to Health Records Act (1990).

Are you happy to receive the records via email? (please tick): YES NO

If yes, please provide relevant email address:

Signed:

Date:

Once complete, please send the application form along with proof of identity documents and any additional evidence requested to:

Post:

Access to Records
Information Governance Department
Bramber Building (B-Block)
Brighton General Hospital
Elm Grove
Brighton
BN2 3EW

Email:

SC-TR.Accessstorecords@nhs.net

If you have any queries on your request please contact the team on 01273 666473.