City Hospitals Sunderland NHS
NHS Foundation Trust

Medical Records Access Team
Medical Records Department
Sunderland Royal Hospital
Kayll Road
Sunderland
Tyne & Wear
SR4 7TP

Tel: 0191 565 6256 Ext: 41151
Fax: 0191 569 9270

Date:…….

Dear Sir/Madam,

Re: ACCESS TO DECEASED PATIENT'S MEDICAL RECORDS

Thank you for your recent enquiry to obtain access to a deceased patient's Medical Records held by City Hospitals Sunderland.

The Access to Health Records Act 1990 provides certain individuals with a right of access to the health records of a deceased individual.

Please be aware, if you are requesting access to a health record which contains manual files or a combination of manual and computer files then we are entitled to charge an administration fee of £10.00 plus £0.40p per photocopied sheet and £4.00p postage and packing. You will be invoiced for the cost of the photocopies and postage. The maximum we can charge is £50.00 this includes the administration fee.

In order that we can meet your request, we would be grateful if you could complete and sign the attached application form and return together with **the relevant documents** and the **£10.00 administration fee** to the above address. If you require confirmation of receipt, this can be provided upon request.

On receipt of your application, we are legally required to send you a copy of the data requested within 40 days. However, every attempt will be made to provide it as quickly as possible.

We accept the following methods of payment: - Cash/Cheque/Postal Order. **If paying by cash it is important that you have the correct payment.** Please make cheques/postal orders payable to City Hospitals Sunderland.

Please note if you also require information from Radiology (X-Ray) a separate form will need to be completed. These can be obtained from Medico Legal Administrator, Radiology Department.

Yours faithfully,

Medical Records Manager

City Hospitals Sunderland NHS
NHS Foundation Trust

APPLICATION FOR ACCESS TO A DECEASED PATIENT'S RECORDS

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL:

Particulars of Person whom information is requested:

Surname:……

Maiden Name:……
(Or any previous surnames)

Forename(s):……

Address:……

……

……..

Previous Address (if less than 3 years at above address)

……

……

……

Telephone No:…….

Email:…….

Date of Birth:……

NHS Number:……

Hospital Reference Number (if known):……

Periods of Hospital Treatment to which Access is requested:

Please provide as much information as possible. Give full details of all the episodes you are interested in:

Hospital Attended	Dates	Ward or Outpatient Clinic	Consultant

Nursing Records relating to above episodes required: *(Delete as Applicable)*	**YES NO**
Reports / Results (Investigations) relating to above episodes required: *(Delete as Applicable)*	**YES NO** **PAPER** **ELECTRONIC** **BOTH**

In the case of a claim arising from the patient's death and in accordance with the act we will only supply copies of records in relation to that claim. If the request is from the patient's personal representative we will normally supply copies of the medical records that relate to recent treatment. However, a full set of notes will be released upon request.

DETAILS OF PERSON REQUESTING THE INFORMATION

Surname:……

Forename(s):……

Address:……

……

……

Telephone
No:……

Relationship to
patient:……

DECLARATION

To be completed by all applicants. Please note that any attempt to mislead may result in prosecution.

I declare that the information given by me is, to the best of my knowledge, correct, and that I am entitled to apply for access to the health records, under the terms of the Access to Health Records Act 1990.

I am the deceased patient's personal representative and attach confirmation of my appointment.

- ❑ Grant of Probate
- ❑ Letter of Administration
- ❑ Patient's Will

I have a claim arising from the patient's death: (please provide details of this claim below and attach documentary evidence)

……

……

……

……

Signature. ……..

Print Name…….

Date…….

City Hospitals Sunderland NHS
NHS Foundation Trust

WITNESS STATEMENT

I certify that I am (Name):…..……

of (Address):…….

……

And that I have known the applicant named above for …… years as an employee/client/patient/personal friend* and have witnessed the applicant sign this form.

Signed: …… Date: ……

*Please delete as appropriate

Notes:
Documents that must accompany this application:

- Evidence of your identity (Passport / Driving Licence / Utility Bill / Bus Pass)
- Confirmation of your appointment as the deceased patient's personal representative
- £10.00 administration fee

Please note that if original documents are sent these will be copied and returned by recorded delivery. City Hospitals Sunderland accepts no responsibility if documents are lost. Original documents are sent at applicant's own risk as we do accept photocopies.

Please return completed form (and supporting documents) to:

Medical Records Department
Enquiries Office
City Hospitals Sunderland
Kayll Road
Sunderland
Tyne & Wear
SR4 7TP