Torbay and South Devon
NHS Foundation Trust

Access to Health Records Form

Accessing Health Records of Deceased Patients

About the Form

This form should be used if you wish to find out what information, if any, the Torbay and South Devon NHS Foundation Trust is holding or processing that relates to a deceased patient.

In order to provide you with the information you are seeking, please provide as many details as possible regarding the records you are wishing to receive.

Data Subject (name of the deceased)

Title: ……..

Surname: …… Forename(s): ……..

Address: ……

…….. Postcode: ……..

Date of Birth: …… Hospital/NHS Number (if known): ……

If their name and/or address has changed since their attendance, please give details below

Previous Name: ……..

Previous Address: ……

What Information Are You Requesting?

Records requested (e.g. specific treatments/illness/condition):

……
……

……
……

……
……

On/During (Month/Year if known): ……..

How would you like the records to be disclosed to you?

◯ Post ◯ Secure Email (Egress)

Details of Applicant (i.e. person completing this form)

Title: ……..

Surname: …… Forename(s): ……..

Address: …….

…….. Postcode: ……..

Email Address: …….

Contact Telephone Number: …….

Relation to Data Subject: …….

Proof of Identification and Supporting Documents

In order to confirm your identity, you are required to send a copy of <u>both</u>:

- Proof of Identity (such as passport, drivers licence or birth certificate)
- Proof of Address (such as a current utility or council tax bill)

In addition to providing evidence of your identity, please tick the appropriate box to indicate which document you have enclosed and provide information about the claim you are making arising from the death of the deceased.

◯ Executor of the will – copy of the last will executed by the deceased person, certified by a solicitor, showing the applicant named as executor.
◯ Letters of administration – copy of such letters, certified by a solicitor, naming the applicant as having been granted letters of administration in respect of the deceased's estate. (i.e. grant of probate)
◯ Details of the grounds of a claim – of which the applicant is entitled to make, arising from the death of the deceased.
◯ Statement of Truth – certified by a solicitor

Declaration

I am requesting access to:

Full Name of Deceased Patient: …….

I declare that the information given by me is correct to the best of my knowledge and I am entitled to apply under the Access to Health Records Act 1990 because:

- ◯ I have a claim arising from the data subject's death
- ◯ I am a legal representative
- ◯ I am an executor or hold letters of administration

Full Name (print): …….

Signed: …… Date: ……

Please send your completed form (with copies of identification) to:

By Email

dataprotection.tsdft@nhs.net

By Post

Data Access and Disclosure Office

Belmont Court

Torbay and South Devon NHS Foundation Trust

Torquay, TQ2 7AA

To support closure the Trust reserves the right to disclose the records surrounding the last episode of care to relatives and/or approved third parties where there is a legitimate and proportionate need to do so.