

Request for Access to Personal Health and Social Care Records

General Data Protection Regulations / Access to Health Records (NI Order) 1993

Please complete application form in BLOCK CAPITALS and BLACK PEN and provide identification as below.

I am requesting access to (please tick as appropriate) :-

1. my own personal record. Please complete sections **A, C, D & F**
2. records belonging to another living individual. Please complete sections **A, B, C, D & F**
3. records of a deceased person. Please complete sections **A, B, C, E & F**

Please Note

- Access to personal information is normally provided free of charge. However, PHA reserves the right to charge a fee or to refuse to respond to a request that is manifestly unfounded or excessive. Please ensure your request is as clear as possible. We may contact you for further details.
- Requests will normally be responded to within 30 days. However, please note that the General Data Protection Regulation (GDPR) allows up to 90 days for providing a response to complex requests.
- For access to deceased patient healthcare records the Access to Health Records (NI) Order 1993 allows up to 40 days to respond to a request, or 21 days where the requested healthcare records have been created within the last 40 days of the date of the request.

SECTION A – Details of the person the records / information relates to:

Surname:		First name(s)	
Date of Birth:		Former name:	
Current Address:			
Post Code:		Tel. Number:	
Any Previous address:			
Hospital / Healthcare Number (if known):			

SECTION B – Details of the person requesting the records (if different from section A above)

Surname:		Forename(s):	
Applicant's Address:			
Post Code:		Tel. Number:	
Relationship to the named Patient / Client:			

SECTION C – Details of the record(s) you wish to access

Name of hospital, ward, clinic or community service:	
Type of Service Received:	
Date(s) of treatment or service provided (i.e. from / to)	
Doctor / Health Professional / staff seen (if known):	

SECTION D – Authorisation and Proof of Identity.

In all cases a form of identification is required and must be provided with completed applications.

(Acceptable forms of proof of identity are, for example, a copy of your passport, driving licence, Translink Senior Citizen Smart Pass, electoral card, birth certificate or medical card).

Please also select 1, 2, 3 or 4 from the following options; (if 4, please also select further criteria)

- 1) I am the patient and enclose proof of my identity (copy or original ID documents)
- 2) I have parental responsibility however the child **is capable** of understanding this request and I attach their written consent allowing me to access their personal information on their behalf
- 3) I have parental responsibility and the child named above **is NOT capable** of understanding this request or consenting to the release of his/her records. I am acting in his/her best interests.
- 4) I am acting as an advocate on the patient's / client's behalf and **confirm that either:**
- The patient / client is capable of understanding this request and has asked that I act on their behalf. Their written signed consent is enclosed along with a copy of ID for myself **and** for the patient/client
- The patient/client **is NOT capable** of understanding the request. I confirm that I am acting on their behalf and in their best interests. I understand that capacity will be checked with relevant health / social work professional(s) and records will only be disclosed if, in the opinion of the relevant professional, it is in the patient's / clients best interests. If approved, I understand that any access provided will be limited to information that will meet the needs of the patient/client.

SECTION E – Requesting Access to the Records of a Deceased Person –

The Access to Health Records (NI) Order 1993 (AHR) provides a legal right of access only to HEALTHCARE RECORDS; however access is only granted to individuals who are the personal representative of the deceased or individuals who may have a claim resulting from the death of the patient and where evidence of entitlement is provided. In these cases only information relevant to the claim will be considered for disclosure. A view may be sought from health care professionals.

Date of Patient / Client Death _____

Please select from the following options;

- 1) I am the personal representative of the deceased patient / service user and enclose documents confirming my role as personal representative e.g. Grant of Probate / Letters of Administration. I also enclose proof of my identity
- 2) I am the personal representative of the deceased patient / service user and include evidence of this from a solicitor or court office. I also enclose proof of my identity
- 3) I have enclosed documentation from a solicitor detailing the claim I may have arising out of the patient / service user's death and I also enclose proof of my identity

SECTION F – 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 records / information referred to
- I understand that applications received without the necessary ID / consent / legal documentation will not be processed and will be returned
- I understand that the PHA is no longer responsible for the security and confidentiality of any patient / service user records which have been supplied to me/copied.

Applicant's signature: _____ **Date:** _____

Return the completed and signed subject access form along with supporting documents to:

Information Governance Team;
Public Health Agency
Towerhill
Armagh
BT61 9DR
Email: FOI.PHA@hscni.net