

Radiology Medico Legal Administration
Radiology Department
Directorate of Diagnostic Imaging
Sunderland Royal Hospital
Kayll Road
Sunderland
Tyne & Wear
SR4 7TP

Tel: 0191 5699652

Fax: 0191 5699226
www.chsft.nhs.uk

Date

Dear Sir/Madam,

Access to Radiology Imaging / Reports made under the Data Protection Act 2018 / Access To Health Records 1990

Thank you for your enquiry to access copies of Radiology Imaging / Reports held by City Hospitals Sunderland.

(Please note the disc of images supplied will only auto run on a Windows computer system).

Please complete and return the form to the above address, along with **photocopied** proof of your identity (e.g. Passport or Photocard Driving Licence)

Please see declaration page for any further documents that are required in order to proceed with your request.

We are unable to process your request without the correct ID documentation.

Upon receipt of your application and identification documents we have a maximum of 30 days to complete your request.

Please be aware that we **must** obtain consent from the Consultant who referred you for your x-rays before copying can take place.

We will contact you when your Radiology request is complete, and arrange a convenient time / date for collection or postage if required.

Yours faithfully, Radiology Department, Directorate of Diagnostic Imaging

REQUEST FOR ACCESS TO RADIOLOGY IMAGES

Reference Number (Office use only)

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL:

Particulars of Person whose information is requested:

Surname :

Previous surname/s:.....

Forename(s):

Address :.....
.....
.....

Previous address :

Telephone Number :

Date of Birth :

NHS Number :

Hospital Reference Number :

Radiological (X-ray) examinations for which copies are requested:

Please provide as much information as you are able E.g. Consultant name / dates of x-rays / time period / body area that was x-rayed

.....
.....
.....
.....

Radiology Reports relating to above examinations required: Yes / No

Please note:

1. **Not all Radiology imaging has a formal Radiology report.**
2. **We are also only able to supply imaging that was performed or commissioned within City Hospitals Sunderland.**
3. **Please note that a report only will be provided for ultrasound imaging**
4. **If you require information from Medical Records a separate form can be obtained from the Medical Records Enquiries Office "B" Floor, Sunderland Royal Hospital. Telephone 0191 5656256 ext 41151**

DECLARATION

I am the requesting patient **Yes / No**

I am the legal parent/guardian of the patient who is under 16 and enclose a copy of the child's **(full)** birth certificate **Yes / No**

The patient is incapable of understanding the request and I enclose the relevant legal documents to confirm that I have lasting Power of Attorney **Yes / No**

I have been asked to act by the patient and attach the patient's written authorisation (along with copy I.D for myself and the patient) **Yes / No**

I am the deceased patient's Personal Representative and have a claim arising from the patient's death. (Please provide details of claim below and attach a copy of confirmation of your appointment as Personal Representative)

Sunderland Royal Hospital is unable to process your request unless we receive one of the documents below.

Please tick which copy document you have enclosed:-

- Grant of Probate
- Letter of Administration
- Patients Will (where you are clearly named as Executor)

Claim details:
.....
.....

If you are making a request on behalf of a patient we require the following information.
Applicant's name, address, contact telephone number and relationship to the patient:

.....
.....
.....

I declare that the information given in this form is, to the best of my knowledge correct and that I am entitled to apply for Access to the information above, under the terms of the Data Protection Act 2018 or the Access to Health Records Act 1990.

If postage of Radiology Discs / Reports is requested, I agree to an unencrypted disc and / or reports being sent to me by Royal Mail Recorded Delivery and accept full responsibility for these records once they have left City Hospitals Sunderland.

Signature of applicant :

Date:.....

WITNESS STATEMENT

(Please note that someone who knows you should witness your signature then sign and complete the witness statement below)

I certify that I am,

Name
Address
.....
.....

And that I have known the applicant named overleaf foryears, as an employee / client / patient / personal friend ** and have witnessed the applicant sign this form.
** Please delete as appropriate**

Signed : Date:

Please return the completed form along with the required photocopied documents to:

**Radiology Medico Legal Administration
Radiology Department
Sunderland Royal Hospital
Kayll Road
Sunderland
SR4 7TP**

Your preferred method of contact:

Telephone Yes / No
Letter Yes / No

Please note that if a date and time is agreed to collect Radiology imaging and you fail to attend without notifying us, we will place the request on hold for 6 months.
After this time period if you have not contacted the Radiology Medico Legal Administration Team we will confidentially destroy the copy records and your request will be cancelled.