



City Hospitals Sunderland

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 person. These individuals are defined by the Act as follows:

- The patient's personal representative; or
- A person who may have a claim arising out of the patient's death

Sunderland Royal Hospital is unable to process the request unless we receive one of the following documents:

- Grant of probate
- Letter of administration
- Patients Will (naming the applicant as executor)

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** 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 30 days. However, every attempt will be made to provide it as quickly as possible.

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





City Hospitals Sunderland

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APPLICATION FOR ACCESS TO A DECEASED PATIENT'S RECORDS

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL:

Particulars of Person whom information is requested:

Title:.....

Surname:.....

Maiden Name:.....

(Or any previous surnames)

Forename(s):.....

Address:.....

.....

.....

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

.....

.....

.....

Telephone No:.....

Email:.....

(Please ensure the email address is written clearly)

Date of Birth:.....



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 Attended	Ward or Clinic	Consultant	Type of Record – Please indicate (TICK)
				<input type="checkbox"/> Electronic Records. <input type="checkbox"/> Paper Records. <input type="checkbox"/> Reports. <input type="checkbox"/> All Records.
Further Information:				
				<input type="checkbox"/> Electronic Records. <input type="checkbox"/> Paper Records. <input type="checkbox"/> Reports. <input type="checkbox"/> All Records.
Further Information:				
				<input type="checkbox"/> Electronic Records. <input type="checkbox"/> Paper Records. <input type="checkbox"/> Reports. <input type="checkbox"/> All Records.
Further Information:				
				<input type="checkbox"/> Electronic Records. <input type="checkbox"/> Paper Records. <input type="checkbox"/> Reports. <input type="checkbox"/> All Records.
Further information:				

PLEASE NOTE THAT WE ONLY PROVIDE INFORMATION RELATING TO ATTENDANCES AT SUNDERLAND ROYAL HOSPITAL.

DETAILS OF PERSON REQUESTING THE INFORMATION

Title:.....

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. (You must enclose one of the following documents to enable us to proceed with the request)

- Grant of Probate / Letter of Administration
- Patient's Will (naming the applicant as executor)

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

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.

Signature

Print Name.....

Date.....



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

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.

Your preferred method of contact:-

- Letter
- Email

Have you remembered to enclose: -

- Proof of ID**
- Completed Application Form**

Signature of Applicant:

Please return completed form (and supporting documents) to:

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

accesstomedicalrecords@chsft.nhs.uk