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 HEALTH RECORDS REQUEST

Thank you for your enquiry about your right under the Data Protection Legislation to obtain a copy of information held about you by City Hospitals Sunderland.

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 **proof of identity** to the above address.

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 Manager

City Hospitals Sunderland
NHS Foundation Trust

APPLICATION FOR ACCESS REQUEST

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 that the email address is written clearly)

Date of Birth:……

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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)
				☐ Electronic Records. ☐ Paper Records. ☐ Reports. ☐ All Records.
Further Information:				
				☐ Electronic Records. ☐ Paper Records. ☐ Reports. ☐ All Records.
Further Information:				
				☐ Electronic Records. ☐ Paper Records. ☐ Reports. ☐ All Records.
Further Information:				
				☐ Electronic Records. ☐ Paper Records. ☐ Reports. ☐ All Records.
Further information:				

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

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PLEASE COMPLETE THIS SECTION IF YOU ARE MAKING THIS APPLICATION ON BEHALF OF THE PATIENT

Surname:……

Forename(s):……

Address:……

……

……

Telephone No:……

Relationship to patient:……

DECLARATION

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 information referred to above, under the terms of the Data Protection Legislation. (Please note that someone who knows you should witness your signature and should sign and complete the witness statement below.)

Signature of Applicant……

Please confirm in what capacity you have signed by ticking the appropriate box.

- ❑ I have been asked to act by the patient and **attach the patient's written authorisation**
- ❑ I am the legal parent/guardian of the patient who is under the age of 16 **and enclose a copy of the child's birth certificate**
- ❑ The patient is incapable of understanding the request and **I enclose the relevant legal documents to confirm I have Power of Attorney**

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Please remember to also enclose one of the following documents as proof of ID for yourself.

- Passport
- Driving Licence
- Utility Bill
- Bus Pass
- Birth Certificate

Please return this form with proof of identity and send it to:

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

accesstomedicalrecords@chsft.nhs.uk

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: ……..