

ACCESS TO RECORDS UNDER THE ACCESS TO HEALTH RECORDS ACT (1990)

NOTES FOR APPLICANTS

Please read these guidance notes before completing the Application Form

Note 1 (Part A) – Identity of the person about whom the information is requested

Complete all details relating to the person whose records you wish to access. This should include former names (e.g. maiden name) and previous address, if applicable, for the period relating to the record requested.

If known, please provide the NHS Number.

Note 2 (Part B) – Details of the information required.

You must specify the records you wish to access and provide as many details as possible. It is not sufficient to state "All Records". If there is insufficient space, please attach a continuation sheet.

Note 3 (Part C) – Declaration

This part must be completed by the person seeking access.

Sign and date in the space provided provide your address, telephone number and relationship to the person.

You will need to supply a form of identification: either a current photo driver's licence or a current photo passport, and a copy of the authority confirming you are the personal representative of the deceased.

We require proof of identity before we can process your request. This is to protect the identity of the data subject and ensure that the Data Protection principles are not breached. Photocopies are acceptable, DO NOT send original documents.

Charges for processing your application

Requests relating to deceased patient's records are governed by the Access to Health Records Act 1990 allows for a charge to be applied for this service which includes a £10.00 administration fee. Most records are available in an electronic format and will be provided on an encrypted CD. The charge for records in this format is £10.00. Paper records are charged of 30p per page (single sided, A4). All charges include postage by recorded delivery.

Once the copy information is available you will be notified of the charge. Payment is required before the information is disclosed. Cheques/Postal Orders should be made payable to: TAURUS HEALTHCARE

Please note we do not have the facilities to accept payment by credit or debit card.

GENERAL NOTES

WARNING – It is a criminal offence to make false or misleading statements in order to obtain information.

Individuals have a right to confidentiality of their personal health information, even following their death, and Taurus Healthcare Ltd must be satisfied that an applicant is the person's authorised representative. This may involve checking the identity of any of the named persons on the completed application form and their validity to request access.

Information may be withheld where it is considered that access might cause harm to the physical or mental health of the patient or any other individual, or where a third party might be identified.

Please return the completed form to:

Kate Faulkner-Elliott
Taurus Healthcare Ltd
Suite 1
Berrows Business Centre
Hereford HR1 2HE



PLEASE COMPLETE IN BLOCK CAPITALS

APPLICATION FOR ACCESS TO HEALTH RECORDS (ATHR 1990)

Part A – Identity of the Person about whom the information is requested (see note 1)

SURNAME:	FORMERLY:
FORENAME(S):	DATE OF BIRTH:
CURRENT ADDRESS:	PREVIOUS ADDRESS:
TEL NO:	
<i>If requesting health records</i>	
NHS NO:	

Part B – Details of the information required (see note 2)

Brief details of information required	Approximate Date(s)

Part C – Declaration (see note 3)

I declare that the information given is correct to the best of my knowledge and that I am entitled to apply for access to the information detailed above under the terms of the ATHR 1990.

SIGNED:	ADDRESS (if different from that in Part A)
PRINT NAME:	
DATE:	
TEL NO:	
RELATIONSHIP TO PERSON:	

Please confirm the details of the identification information enclosed with the application:

	Photocopy of current photo driver's licence
	Photocopy of current passport
	Confirmation the applicant is the personal representative of the deceased

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