

Application for Access to Health Records
(In accordance with the Data Protection Act 1998)

Please complete this form in **BLOCK CAPITALS** and in **black ink**, and return to the address overleaf

Charges payable:

- In accordance with the Data Protection Act 1998, there will be a maximum charge of £50.00 for copying records.
- In accordance with the Data Protection Act 1998, information relating to deceased patients will be charged under the Access to Health Records Act 1990.

The PATIENT'S details:

Surname: Forenames:

Current address:
..... Post code:.....

Date of birth: Addenbrooke's Hospital Number: (if known):.....

Tel (home/evenings): Tel (work/day):.....

Email:

If the patient's name and/or address has changed from that given above during the period(s) to which the application relates, please give details here:

.....
.....

Details of the patient information required:

Do you require copies of the records? **Yes** **No**

Do you require a CD of X-Rays? (If taken) **Yes** **No**

Do require an appointment to view your records? **Yes** **No**

Please provide dates, clinics/wards and consultants (if known) of interest. Please provide as much information as possible (continue on a separate sheet if necessary).

Dates of interest:

Clinics and/or wards of interest:

Consultants of interest:.....

Other relevant information to help us identify the records:.....

.....
.....

Name and address to which the copied records should be sent:.....

.....
.....

Declaration and authorisation:

I declare that the information I have completed on this form is correct to the best of my knowledge and that:
(*please delete below as appropriate:)

- * I am the person named overleaf (NB please complete Section one below)
- * I am acting on behalf of the person named overleaf (NB please complete Sections one AND two below)
- * I am the next of kin - for information relating to deceased patients only (NB please complete Section three)

Please note that it is an offence under Section 55 of the Data Protection Act to unlawfully request information.

Section 1 (if you are the person named overleaf or are acting on behalf of the person named overleaf)

NB Please attach a COPY of your driving licence, passport, birth certificate or utility bill.

I (insert full name in BLOCK Capitals)
certify that I am the person named overleaf.

Signed: Date:

Section 2: (If you are acting on behalf of the person named overleaf, NB you also need to complete section one)

I (insert full name in BLOCK Capitals) have
consent from the person named in section one to act on their behalf.

Signed: Date:

Section 3: (If you are the next of kin - for information relating to deceased patients only)

NB Please attach a COPY of the death certificate.

I (insert full name in BLOCK Capitals)
certify that I am the next of kin to the person named overleaf.

Signed: Date:

Please return this completed form and any requested documentation to:

**Access to Health Records Office, Box 82, Addenbrooke's NHS Trust, Hills Road, Cambridge, CB2 2QQ;
Tel: 01223 245 151 (switchboard)**