



REQUESTING ACCESS TO A DECEASED PERSONS RECORDS

Notes to Accompany Application Form

The Access to Health Records Act (1990)

The Access to Health Records Act (1990) allows certain individuals to request access to a deceased persons health records.

Who can make a request for a deceased patient's records under the Act?

- The deceased persons personal representative - this will be the Executor of the Will or Administrator of the deceased person's estate, or
- Any individual, or their representative, who may have a claim arising out of the persons' death. The applicant or their representative must specify what claim is being made, and only information that is relevant to the claim should be considered for release.

Please note that Next of Kin (NOK) status does not give automatic access to records of the deceased and appropriate documentation is required.

If you wish to make a request for access to a deceased persons' record you must put your request in writing to:

**Lincolnshire Community Health Services NHS Trust, Data Protection and Compliance Team,
Beech House, Witham Park, Waterside South, Lincoln, LN5 7JH**

By email: LHNT.DSAR@nhs.net

Evidence of identity and authority:

The Trust will **not** process your request unless we are certain that you are the person that you say you are. In most cases we will require copies of two items of evidence of identity - for example:

Type of applicant	Types of documentation required
Deceased Persons Personal Representative	Two copies of identity required e.g. Photo ID(either passport/driving licence) and evidence of being The holder of a Grant of Probate or Grant of Letters of Administration Confirmation the applicant/requestor is in the process of obtaining authority from the Probate registry A copy of the Will showing the Executor/Administrator status Legal evidence that a Will is being contested
Person making a claim arising out of the persons' death	Two copies of identity required e.g. Photo ID(either passport/driving licence) and current utility/council tax bill (letter of instruction to a solicitor)

The Trust is not obliged to comply with your access request unless they have sufficient information to identify you and to locate the information held about you. Once the Trust has **all** the required information they should comply with your request within 30 days. In exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met.

In all cases, copies of the records will be sent securely and electronically, to an email address provided by the requestor (or you can collect copies if you prefer from Trust Headquarters, Beech House, Lincoln).

Exemptions to the release of personal information:

There may be circumstances where certain information could be restricted. These include:

- If it is considered that certain information in the records, if released, may cause serious harm to any individual
- Where there is personal information about another person in the records.

If you are not satisfied with your response:

In the first instance you should write to the Trust explaining why you are dissatisfied with the response.

AUTHORITY FOR RELEASE OF HEALTH RECORDS OF A DECEASED PERSON
Request under the Access to Health Records Act (1990)

This form must be completed in black ink and signed in order for us to process your request.

Section 1: Deceased Person Details

Surname:

Former Surname:

First Name(s):

Title:

Date of Birth:

NHS Number:

Address:

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Section 2: Persons who can make a Request under the Act:

- The deceased person's personal representative – The Executor of the Will or Administrator of the deceased person's estate.
- Any individual, or their representative, who may have a claim arising out of the patient's death. The applicant or their representative must specify what claim is being made and only information that is relevant to the claim should be considered for release.

Section 3 - Applicant or their Representative's details

Name:

Address:

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Email:

Telephone Number(s):

Section 4: Relationship to Deceased Person

If you require access to deceased persons' records because you have a claim arising out of the patient's death please state the reason below.

Section 5: Further Information

It would be helpful if you could provide details below to inform the Trust of which records you require access to, which periods and parts of those records, together with any other details which you feel may have relevance.

Section 6: Return Details

Please tick only **one** of the following boxes and sign and date your declaration below:

I confirm that I am the deceased patient's personal representative and have enclosed evidence of my status as Executor of the Will or Administrator of the Estate together with one item of evidence that confirms my identity.

I confirm that I have a claim arising out of the patient's death and have enclosed proof of my identity and documented evidence of my claim (i.e. letter of instruction to a solicitor)

Print Name: _____

Signature: _____

Date: _____

Please return this form and **copies only** of required evidence to:

**Lincolnshire Community Health Services NHS Trust
Data Protection and Compliance Team, Beech House, Witham Park, Waterside South,
Lincoln LN5 7JH**

Tel: 01522 308974

Email: LHNT.DSAR@nhs.net

NB: Please retain a copy of this form for your records.