

APPLICATION FOR ACCESS TO HEALTH RECORDS (AHR1)

Please complete **all** relevant sections of this form.

This form is also available in Welsh / Mae'r ffurflen hon hefyd ar gael yn Gymraeg

Are you making this request on behalf of yourself or someone else? (Please tick):

For my information <input type="checkbox"/> <i>You do <u>not</u> need to complete sections 2 and 5.2</i>	On behalf of someone else <input type="checkbox"/> <i>You must complete <u>all</u> sections on this form</i>
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Section 1: Details of Patient	
Name:	Date of birth: / /
Any Previous names:	Date of death: / /
CRN:	NHS Number:
Address:	Previous address:
Contact Number:	Email address:

Section 2: Details of requestor if different than patient	
Name:	Address:
Relationship:	
Contact Number:	
Email address:	

Section 3: Preferred method of communication	
3.1 Preferred language of choice	
English <input type="checkbox"/>	Welsh <input type="checkbox"/>
Other <input type="checkbox"/> (Please specify)	
3.2 Preferred method of communication	
Post <input type="checkbox"/>	Email <input type="checkbox"/>

Section 4: Information to be provided by	
Recorded delivery via Post <input type="checkbox"/>	Collect from Hospital <input type="checkbox"/>
View at Hospital <input type="checkbox"/>	Electronically via secure e-mail <input type="checkbox"/>

Section 5: Information Required to Process your Request	
5.1 Proof of Identity	
In order for us to process your application please provide two forms of your identity (please tick):	
1st form of identification - please supply a <u>photocopy</u> of <u>one</u> of the following:	2nd form of identification - please supply a <u>photocopy</u> of <u>one</u> of the following showing your current address (must be dated within last 6 months):
<ul style="list-style-type: none"> • Driving license <input type="checkbox"/> • Passport <input type="checkbox"/> • Birth Certificate <input type="checkbox"/> 	<ul style="list-style-type: none"> • Bank statement <input type="checkbox"/> • Utility bill <input type="checkbox"/> • Council Tax notice <input type="checkbox"/>

5.2 Proof of Right of Access – If you are making this request on behalf of someone else	
Please Note: To access information that is not your own you will need to satisfy <u>both</u> sections 5.1 and 5.2	
If you are a formal representative of a <u>living</u> person, please provide a photocopy of <u>one</u> of the following: Document of formal representation	If making this request for a person who is <u>deceased</u> , please provide a photocopy of <u>one</u> of the following. Document of authorisation
<ul style="list-style-type: none"> • Lasting Power of Attorney <input type="checkbox"/> • Court Appointed Deputy <input type="checkbox"/> • IMCA Appointment <input type="checkbox"/> • Childs Birth Certificate or Proof of Parental Responsibility <input type="checkbox"/> 	<ul style="list-style-type: none"> • Executor of Will <input type="checkbox"/> • Letter of Administration <input type="checkbox"/> • Proof of Probate <input type="checkbox"/> <p><i>*Require consent from all executors</i></p>

Section 6: Further Information				
6.1 Please give details of information that is being requested including dates and types?				
Hospital Site Required:				
Ysbyty Gwynedd		Glan Clwyd Hospital		Wrexham Maelor Hospital
Type of record required:				
Acute		ED Cards		Mental Health
				X-Ray Reports
Oncology		Physio		Maternity
				X-Ray Images
Other records please state:				
Admission/treatment dates required:				
Other information e.g. consultant, speciality required:				
6.2 Is your request in relation to the following				
Concern/Claim against Betsi Cadwaladr University Health Board? <input type="checkbox"/>				
<i>Please quote ongoing Concern or Claim reference number:</i>				

Applicant Declaration

I declare that I am the above patient/ patient representative and that I am entitled to apply for the health records referred to above under the Data Protection legislation.

Print Name: _____ Sign: _____ Date: / /

Patient Authorisation for consent to release to their representative

I declare that I am the patient and I hereby authorise _____ as my representative and give consent for them to apply on my behalf for the health records referred to above under the Data Protection legislation. To the best of my knowledge all of the above information I have provided is correct.

Print Name: _____ Sign: _____ Date: / /

Section 7: Final Check and Return	
Have you enclosed:	
<ul style="list-style-type: none"> Copies of all required identification and documents <input type="checkbox"/> 	
Please return this form to the Access to Health Records Service at:	
Via Post:	Or Via Email:
Access to Health Records Service Llandudno General Hospital Hospital Road Llandudno, Conwy LL30 1LB	BCU.ATHRService@wales.nhs.uk

OFFICE USE ONLY:

Datix ID: [Click or tap here to enter text.](#) Hospital No: [Click or tap here to enter text.](#)

Date inputted on Datix: / / Date scanned into Datix: / /

NOTES FOR APPLICANTS

The Data Protection legislation provides the right of access to health records. Hospitals are allowed 28 days, from the date of receipt of the request, to provide copies of the medical records requested, unless the request is for the records of a deceased patient, then a 40 day period applies.

For full details of GDPR visit the Information Commissioners Office (ICO) website at: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

Applicants

The following applicants have rights of access:

- The patient.
- A person authorised in writing to make the application on the patient's behalf.
- A parent, where the patient is a child (i.e. under the age of 16 years) unless the child is deemed capable of understanding the application and can therefore make an application personally or oppose application, or unless the health professional decides that parental access is not in the child's best interest.
- Where the patient is incapable of managing his/her own affairs, any persons appointed by a Court to manage those affairs.

Proof of Right of Access

Patient access to own records

In order to access your own records you will be required to provide a one copy from each of the following lists:

List 1

- Driving licence
- Passport
- Birth Certificate

List 2

- Bank statement
- Utility Bill
- Council Tax notice

Patient Representative access to records

In order to access records on someone else's behalf you will be required to provide a copy of the following:

If you are a formal representative of a living person please provide one of the following:

- Consent from patient or;
- Lasting power of attorney
- Court appointed deputy
- IMCA Appointment

If you are making request for a person who is deceased please provide one of the following:

- Executor of the Will
- Letter of administration
- Proof of Probate

Restrictions of Access

The Data Protection legislation gives right of access subject to the following restrictions, which are to be made at the discretion of the health professional concerned. There are no requirements to disclose the fact that information has been withheld.

- Where it is considered that access would disclose information likely to cause serious harm to the physical or mental health of the patient or any other individual.
- Where access would lead to the disclosure of the identity of another individual who has not consented to the disclosure of the information, unless that individual is a health professional who has been involved in the care of the patient.

What happens next?

As soon as we receive your form, we will be sure to be in touch to confirm we have received it. We always do our best to complete your request within the time frame, set out by the Data Protection legislation, of 28 days, unless the request is for the records of a deceased patient, then a 40 day period applies; however, there may be occasions where this takes longer if, for example, the Consultants who need to review the notes are on leave.

Contact Details

If you have any questions please contact the Access to Health Records Service via email:



BCU.ATHRService@wales.nhs.uk