MEDICAL RECORD ACCESS APPLICATION FORM

Bupa CROMWELL HOSPITAL

Under the Access to Health Records Act 1990 / General Data Protection Regulations, it is within your rights to view your medical records and/or request a copy to keep.

To make a request please complete this form in BLOCK LETTERS

DETAILS OF THE PERSON WHOSE MEDICAL RECORDS ARE REQUESTED (please **PRINT**)

Surname: .....

Forename(s): .....

Surname if different at time of attendance: .....

Date of birth: ..... Hospital number (MRN) (if known): .....

Address at time of attendance: .....

.....

..... Postcode: .....

Telephone number: .....

Signature: ..... Date: .....

DETAILS OF APPLICANT, IF DIFFERENT TO PATIENT (please **PRINT**)

Surname: .....

Forename(s):.....

Address: .....

.....

..... Postcode: .....

Telephone number: ..... Relationship to patient: .....

Signature: ..... Date: .....

SECTION OF RECORDS TO BE COPIED/VIEWED

Please indicate records requested:

Please try to be as specific as possible, e.g. 'leg injury following accident'. Please include periods of treatment, e.g. 12/2008 to 06/2012. .....

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.....

DO YOU REQUIRE THE COPIES TO BE SENT TO YOU? YES / NO

DO YOU WISH TO VIEW THE RECORDS AT THE HOSPITAL? YES / NO

DO YOU WISH TO VIEW THE RECORDS WITH A DOCTOR? YES / NO

PLEASE STATE REASON FOR APPLICATION (You do not have to provide this information, but it may help us to locate the information you require) .....

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NOTE: *Please supply the following documents when you submit this form:*

IF YOU ARE REQUESTING COPIES OF YOUR OWN MEDICAL RECORDS

☐ A copy of your driving licence or passport

IF YOU ARE REQUESTING A COPY OF ANOTHER PERSON'S MEDICAL RECORDS

1. Another adult patient:

☐ Proof of your identity as above
☐ A letter of authorisation from the patient with proof of their identity as above
☐ A copy of Lasting Power of Attorney

2. A child:

☐ Proof of your identity as above
☐ A copy of the child's birth certificate or passport; and
☐ In cases where the child is capable of giving consent themselves, a letter from the child authorising the application

3. A deceased patient:

☐ Proof of your identity as above
☐ A copy of the death certificate
☐ A copy of the Grant of Probate naming you as their representative or executor.

In absence of the Grant of Probate, or if you are not the representative or executor of the deceased, but still wish to access the records, please provide a letter explaining your reasons for the application and a copy of the death certificate.

DECLARATION

I declare that the information given by me is correct to the best of my knowledge and that: (please tick as appropriate)

☐ I am the patient
☐ I have been asked to act by the patient and attach the patient's written authorisation
☐ I am acting in loco parentis and confirm either that the child is incapable of giving consent to the release of their records or that the child is capable of giving consent to the release of their records and enclose the child's written authorisation
☐ I am the deceased patient's next of kin/executor
☐ I have read the information leaflet 'How to Access Medical Records'
☐ I understand that the hospital is not liable if I misplace or lose the copied records
☐ I have provided the following information as requested:

PLEASE TICK ALL RELEVANT BOXES

☐ Copy of driving licence
☐ Copy of passport
☐ Copy of Grant of Probate
☐ Copy of child's birth certificate/passport
☐ Letter of authorisation from patient
☐ Copy of Lasting Power of Attorney

Thank you for completing this form. Please return to the Medical Records Department via:
Medical Records Department, Bupa Cromwell Hospital, 164-178 Cromwell Road, London, SW5 0TU, United Kingdom, or by email to medrec@cromwellhospital.com
• Please be aware that information you send to us by email may not be secure unless encrypted

SECTION TO BE COMPLETED BY CALDICOTT GUARDIAN/MEDICAL RECORDS STAFF

Caldicott Guardian authorising access (please **PRINT**): .....

Signature: ..... Date: .....

Medical Records staff confirming relevant document received (please **PRINT**): .....

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Signature: ..... Date: .....