

Rosebank Health
Application for Medical Records of a Deceased Patient

Access to Health Records under the Access to Health Records Act 1990

Please complete in Block Capitals

1a)	Full name of patient (including previous surnames)	
b)	Last address	
c)	Address at start of treatment	
d)	Date of birth: Date of death:	
e)	Trust reference (if available) for example, GO, EGT or PSY number	
f)	NHS number (if available)	
2	This application is made because I am:	
a)	considering a complaint / claim against your Trust as detailed in box 7	YES / NO
b)	considering pursuing action against someone else	YES / NO
c)	would like to retain copies for my own personal use and am not considering either a complaint or claim against the practice	YES / NO
3	Health Care Professional primarily responsible for the care	
4	Place(s) where treatment was received	
5	Dates for which I am requesting records	
6	A description of the treatment received	

7	<p>If the answer to question 2a is "Yes" please provide details of:</p> <p>a) the likely nature of the claim</p> <p>b) the grounds for the claim</p> <p>c) approximate dates of the events involved</p> <p>d) the names of the proposed defendant e.g. Hospital, NHS Trust etc.</p>	
8	<p>Any other relevant information, particular requirements, or any particular documents <u>not</u> required (for example, copies of computerised records)</p>	

Declaration

I declare that the information given in this form is correct to the best of my knowledge and that I am making this request for copy records because:

- I am the deceased patient's personal representative and / or executor of their will YES / NO

- I have a claim arising from the patient's death YES / NO

Name.....

Address.....

Signed..... Dated.....

Please attach a copy of any evidence to support your right to access these medical records – e.g. evidence you are executor of the will.

Countersignature

I (insert full name).....

certify that the applicant (insert name).....

has been known personally to me as a(insert in what capacity, for example as an employee, client, patient etc)

foryears and that I have witnessed the signing of the above declaration.

Signed..... Dated.....

Address.....