Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

For Office Use Only
ID received:
Consent / Legal Docs received:

Request for Access to Patient / Client Records Form

UK General Data Protection Regulation / Access to Health Records (NI Order) 1993.

Please complete application form in Black Font and BLOCK CAPITALS.

I am requesting access to (please tick as appropriate): -

1. My own personal record. Please complete sections **A, C, D & F** ☐
2. Records belonging to another living individual. Please complete sections **A, B, C, D & F** ☐
3. Records of a deceased person. Please complete sections **A, B, C, E & F** ☐

Please Note

- Access to personal information is provided free of charge. However, Strategic Planning and Performance Group of the Department of Health (SPPG) reserves the right to charge a fee or refuse to respond to a request that is manifestly unfounded or excessive. For this reason, please ensure your request for information is as concise and focused as possible. We will contact you if we require further details about your request.

- Repeat requests for information already provided will only be processed in exceptional circumstances. The SPPG reserves the right to charge a fee for a repeat request.

- The UK General Data Protection Regulation (UK GDPR) allows up to 90 days for providing a response to complex requests. Please note that as requests for medical records require review by a clinical professional the majority of requests will be deemed to be complex and will take up to 90 days to respond to. Requests that are not deemed to be complex will be responded to within 30 days.

- For access to deceased patient records the Access to Health Records (NI) Order 1993 allows up to 40 days to respond to a request, or 21 days where the requested records have been created within the last 40 days of the date of the request.

SECTION A – **Details of the person the records / information relates to:**

Surname:		**Forename(s):**	
Email Address (for providing records by encrypted email):			
Date of Birth:		**Former name:**	
Current Address:			
Post Code:		**Tel. Number:**	
Any Previous address:			
Hospital / Healthcare Number (if known):			

SECTION B – Details of the person requesting the records *(if different from section A above)*

Surname:		**Forename(s):**	
Applicant's Address:			
Post Code:		**Tel. Number:**	
Relationship to the named Patient / Client:			

SECTION C – Details of the record(s) you wish to access:

Name of GP Practice:	
Date(s) of treatment or service provided (i.e. from / to)	
Doctor / Health Professional / staff seen (if known):	

***SECTION D* – Authorisation and identification**

Please Note acceptable forms of proof of identity are for example a copy of your passport, driving licence, Translink Senior Citizen Smart Pass, electoral card, birth certificate or medical card.

Please select 1, 2, 3 or 4 from the following options; (if 4, please also select further criteria)

☐ **1) I am the patient** and enclose proof of my identity (copy or original ID documents)

☐ **2) I have parental responsibility** however the child is **capable** of understanding this request and I attach their written consent allowing me to access their personal information on their behalf

☐ **3) I have parental responsibility** and the child named above is **NOT capable** of understanding this request or consenting to the release of his/her records. I am acting in his/her best interests.

☐ **4) I am acting as an advocate on the patient's / client's behalf** and **confirm that either**:

- ☐ The patient / client is capable of understanding this request and has asked that I act on their behalf. Their written signed consent is enclosed along with a copy of ID for myself and for the patient / client.
- ☐ The patient / client is NOT capable of understanding the request. I confirm that I am acting on their behalf and in their best interests. I understand that capacity will be checked with relevant health / social work professional(s) and records will only be disclosed if, in the opinion of the relevant professional, it is in the patient's / client's best interests. If approved, I understand that any access provided will be limited to information that will meet the needs of the patient / client.

SECTION E - Request for Access to a Deceased Patient's Healthcare records under the Access to Health Records (NI) Order 1993 (AHR Order)

Please read notes before completing Form

Whilst the UK General Data Protection Regulation (UK GDPR) provides a living individual with the right to obtain a copy of their own personal information (this is called a 'subject access request'), this legislation and right of access does not apply to the records of a deceased person. Due to a duty of confidentiality that remains after a person's death, a Next of Kin does not have an automatic right to access the health records of a deceased relative or friend. Such access can only be provided in limited circumstances.

The law in relation to access to a deceased person's medical or health records is the **Access to Health Records (Northern Ireland) Order 1993**; Article 5(1)(e) of the Order provides that an application for a deceased person's health records may only be made by either:

- **The legally appointed personal representative of the deceased (i.e. an executor or administrator of a Will to enable them to carry out their duties); or**

- **Any individual who has a claim arising out of the death (for example, a claim against the estate of the deceased).**

In all cases, legal proof of entitlement is required before a request for a deceased person's healthcare records can be processed under the legislation.

The **Access to Health Records (Northern Ireland) Order 1993, (**AHR Order), does not recognise Next of Kin on its own, as a personal representative with the right to access a late relative's health records; and, in Northern Ireland, Power of Attorney does not apply to health care decisions and ceases to apply on the death of an individual so cannot be used as proof of entitlement.

It is also important to note that under Article 7(4) of the Order, there is no automatic right of full unrestricted access to a deceased person's healthcare records and only information relevant to the claim arising out of the death will be considered for disclosure.

Applications under the AHR Order must therefore be accompanied by the documentation listed below, along with specific details of the records required and how these are relevant to your request.

There is no provision under the AHR Order for access to Social Care notes and records; and access to a deceased person's confidential healthcare records cannot be provided to anyone without the valid legal authority to do so. Where legal documents are not available as evidence of legal authority but the family of the deceased have a query or concern about their relative's care or treatment, they should contact the health professionals involved in the first instance. While there is no legal entitlement other than the limited circumstances covered under the Access to Health Records legislation (as specified above), health professionals have always had discretion to disclose relevant information directly to a deceased person's relatives or others when there is a clear justification.

For valid requests and following receipt of all required documentation, the AHR Order allows up to 40 days to respond to a request. Relevant records will be reviewed by a health professional(s) before their release.

Further information can be found here https://www.health-ni.gov.uk/articles/access-health-records-northern-ireland-order-1993

Evidence of Authority to the requested records *

Please indicate by ticking at least one of the following boxes:	
I have been appointed personal representative of the deceased patient and enclose a copy of **Grant of Probate** documentation issued to me as Executor of the 'Will'	☐
I enclose a **copy of the Will which** shows my appointment as Executor appointed to manage the personal affairs of the deceased	☐
The patient died without making a Will and I enclose a copy of **Grant of Letters of Administration** issued to me as personal representative (Administrator) of the deceased under the rules of intestacy	☐
I enclose a formal letter from a Solicitor or Court office confirming my appointment as the personal representative of the deceased	☐
I enclose a formal letter from a Solicitor pursuing a claim arising out of the patient's death	☐
I enclose an insurance claim form	☐
In addition to the above I also enclose proof of my identity, including my address details.	☐

SECTION F – DECLARATION

- I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the records / information referred to under the terms of Data Protection legislation / Access to Health Records (NI) Order 1993
- I understand that applications received without the necessary ID / consent / legal documentation will not be processed and will be returned
- I understand that the SPPG is no longer responsible for the security and confidentiality of any Health & Social Care records which have been photocopied and supplied to me.

Applicant's signature: **Date:**

Return the completed and signed *Request for Access to Patient / Client Records Form* along with supporting documents **via email to: SPPG.MRR@hscni.net**

Alternatively, completed forms and the necessary supporting documents can be posted to: Medical Record Request, Strategic Planning & Performance Group of the Department of Health, 5rd Floor, Primary Care Directorate, 12-22 Linenhall Street, Belfast, BT2 8BS