East Sussex Healthcare NHS Trust

Request for Copies of Health Records
Access to Health Records Act 1990, Data Protection Act 2018 and General Data Protection Regulations (GDPR) 2018

1. Details of the patient about whom copy records are being requested:	
Title (i.e. Mr, Mrs, Miss etc):	First and Last Name:
Date of Birth:	Previous Name(s) (if changed in last five years):
Current Address:	Previous Address(es) (if changed in last five years):
Hospital or NHS Number:	Contact Telephone Number:
I am the patient (please select one the following): ☐ **YES** ☐ **NO**	

2. If you are NOT the patient, then please confirm your position in this matter by selecting one of the following:	
I am acting for the patient with their knowledge and attach the patient's written consent. **Please note further checks will be made to authenticate the consent.**	☐
The patient lacks the capacity to understand the request, and I attach evidence that I am acting for the patient (Power of Attorney, Independent Mental Capacity Advocate (IMCA) or Court Order).	☐
The patient is under the age of 16 and I have parental responsibility, or I am acting in loco parentis, and I attach proof of my parental responsibility (such as mother or father named on the child's full birth certificate. If a father is not listed on the child's full birth certificate, a copy of the parental responsibility agreement is required). **Please note further checks may be made regarding parental responsibility.**	☐
I am the deceased patient's Personal Representative, and I attach confirmation of my appointment by way of a copy of a Will, Grant of Probate or Letters of Administration naming you as an Executor of the Will or Administrator of the Estate.	☐
I am making a claim on the Estate of the deceased patient and wish to access information relevant to my claim, and I attach confirmation of this in writing.	☐

NB: failure to provide the necessary documentation as requested will delay or prevent us from processing your copy records request.

If you are not the patient, please provide your details below:

Name:

Address:

Contact Telephone Number:

Email Address (please write this clearly in **BLOCK CAPITALS**):

3. Records required

We share copies of requested records online; you will receive an email inviting you to register an account with the Subject Access Request (SAR) portal (or to log in if you have made previous applications). If you would prefer to have your copy records posted to you, please make this clear in the box at the end of this page. NB: we **DO NOT** post out copies of radiology images as printing degrades the quality of the scan(s).

Please clarify which copy records you are requesting:

Records	Y/N	Records	Y/N
Outpatient Clinic Records		Post-Operative Follow-up Records	
Theatre/Surgical Records		All Records Relating to One Episode of Care	
Physiotherapy/Osteopathy Records		Complete Medical Record Held by Sussex Premier Health	
Radiology Images (X-rays, MRI, CT, Ultrasound)		Other Records – Please Specify Below	
Radiology Reports			
Correspondence and Clinical Letters			
Diagnostic Test Results			
Pre-Operative Assessment Records			

Other Records:

Please use the box below to clarify between which dates you require copy records, and provide details as to the nature of copy records you are looking for. If you do not provide this information, it may delay or prevent us from assisting you.

Please state in the box below the email address you wish us to use to send you an invitation to the SAR portal; (please write this clearly in **BLOCK CAPITALS**):

The copy records you have requested will be provided free of charge and within one calendar month of receipt of a complete request. If the request is complex, then an extension of a further one month may be required. You will be informed of this if it should be required. If a request is considered to be manifestly unfounded or excessive, particularly if it is repetitive, then the request may be refused or a reasonable fee will be charged to cover the administrative cost of providing the information. If the request is refused, an explanation will be given and you will have the right to complain to the supervisory authority.

WHAT YOU NEED TO DO NOW: PLEASE READ

(A) If you are applying for your own health records, you will need to supply copies of the following documentation:

1. 1 x copy of current photo ID (e.g. a passport, photo driving licence or bus pass), **and**
2. 1 x copy of a proof of address clearly showing your name, address and dated in the last six months; this can be a bank statement, credit statement, Council Tax bill or a utility bill (such as gas, electricity or water bill)

(B) If you are applying on behalf of someone else you will need to supply copies of all documentation listed in (A) above together with a copy of the relevant document from the statement you have ticked in response to Section 2 (above).

IMPORTANT: When returning this form, please ensure you provide copies of the correct identification documents requested above – we are unable to process any requests without identification.

Signature of Applicant:

uired. We will accept a scanned digital gn and either scan and email the form or post it to us.

Print Name:

Date:

Post this form to:
Request for Information (RfI) Team
Sussex Premier Health
The Ridge
St Leonards on Sea
East Sussex
TN37 7RE

Or e-mail a scanned copy to:
medicalrecords@sussexpremierhealth.com