



St Wilfrid's Hospice

Subject Access Requests Policy and Procedure

1. Key points about this policy

- Subject Access Requests (SAR) can be made for the living and also to request records of the deceased.
- The Data Protection Act (DPA), the UK General Data Protection Regulations (UKGDPR) gives every living individual (or authorised representative) the right to apply for access to their personal information. For deceased individuals, this is covered under the Access to Health Records Act 1990.
- Access to records of the deceased will usually be granted where the request comes from a personal representative of the deceased who holds a role set out in law.
- Requests may also come in from the coroner, the Care Quality Commission (CQC), All Age Continuing Care (AACC), medical examiners or the police.
- Next of kin have no automatic right of access to deceased records.
- In most cases, Subject Access Requests (SAR) are processed in one calendar month and provided for free, but there are exceptions.
- There are separate request forms for SARs for the living (Appendix Two) and access to records of the deceased (Appendix Three). Forms are not mandatory but help facilitate a quick response.
- A flowchart of the general SAR process is in Appendix Four.

2. Does this policy have any impact on equality and inclusion?

There is no assessed impact, please see Appendix One.

In more detail

3. What is this policy about?

The policy and procedure sets out guidelines by which an individual or their authorised representative can access information held about them. This can relate to any information held by the hospice and the retail company, for example health records, employee records, supporter information or customer details. Enquiries may also be made with regard to deceased records.

Detailed information can be viewed in the 'Rights of Access' page available on the Information Commissioner's Office (ICO) website <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/individual-rights/right-of-access/>

Other detailed guidance on requests to access health records can be found in the following:

<https://transform.england.nhs.uk/information-governance/guidance/access-to-the-health-and-care-records-of-deceased-people/>

Patient health records: Access, sharing and confidentiality:

<https://researchbriefings.files.parliament.uk/documents/SN07103/SN07103.pdf>

BMA – Access to health records <https://www.bma.org.uk/media/1868/bma-access-to-health-records-nov-19.pdf>

4. What are the different responsibilities under this policy?

The **Chief Executive**, under delegated authority from the Board of Trustees, is accountable for this policy being followed properly and for ensuring that reasonable resources are made available for its implementation.

The **Medical Director** is the **Caldicott Guardian** and is responsible for safeguarding and governing the uses made of patient information (electronic and paper records) within the hospice, as well as data flows to other NHS and non-NHS organisations.

The **Registered Manager** is responsible for ensuring this document is compliant with statutory legislation and is put into practice. They have oversight of all incoming SAR requests.

The **Finance and Facilities Director** is the designated **Senior Information Risk Owner (SIRO)**, ensuring that systems, policies and procedures are in place to identify, control and manage risks associated with information.

The **Information Governance Lead** works closely with the SIRO and Caldicott Guardian to ensure that we achieve information governance compliance, so that person-identifiable data is properly safeguarded.

Managers are responsible for informing and educating all existing employees, volunteers and contractors with practising privileges about the policy and for dealing with any immediate concerns.

All **employees, volunteers and contractors with practising privileges** are responsible for following the guidelines in this policy.

5. Putting the policy into practice:

An individual can make a subject access request (SAR) verbally or in writing, including through email or social media. If a disabled person finds it impossible or unreasonably difficult to make a subject access request in writing the hospice may make a reasonable adjustment for them under the Equality Act 2010. Whilst the hospice has bespoke forms (see Appendixes Two and Three) to help facilitate requests, the UK GDPR does not set out formal requirements for a valid request. Therefore, an individual can make a SAR verbally or in writing, including by social media, whatever the format. A request is valid even if the individual has not sent it

directly to the person who normally deals with such requests – so it is important to ensure that all employees can recognise a subject access request and treat it appropriately.

The Data Protection Act (DPA) clarifies that the reason for allowing individuals to access their personal data is so that they are aware of and can verify the lawfulness of the processing. The hospice must verify the identity of the person making the request using ‘reasonable means.’ The DPA allows the hospice to confirm two things before it is obliged to respond. First, to ask for enough information to judge whether the person making the request is the individual whom the person relates to. This is to avoid personal data about one individual being sent to another, accidentally or because of deception.

The second thing the hospice is entitled to do before responding to a subject access request is to ask for information that it reasonably needs to find the personal data covered by the request. It is not necessary to comply with the subject access request until this information is received. In some cases, personal data may be difficult to retrieve and collate. However, it is not acceptable to delay responding to a subject access request unless the hospice reasonably requires more information to help find the data in question.

Information must be provided without delay and at the latest within one calendar month of receipt. It is possible to extend the period by a further two calendar months when the requests are complex or numerous. In this circumstance, the individual must be informed within one calendar month of receipt of the request and an explanation provided.

All Subject Access Request must be passed to the Registered Manager/Associate Director for Quality & Governance or the Associate Director for Clinical Services. The hospice has created separate forms for SARs for the living (Appendix Two) and requests for access to records of the deceased (Appendix Three). It is not mandatory for requesters to complete a form but it is very helpful for us to know what they’re looking for so we can respond fully and promptly. As such, blank forms can be sent to the individual following their initial contact with us. Non-clinical requests are mentioned at the end of Section 5.4.

The general approach to follow for requests is shown in the process flowchart (Appendix Four).

5.1 Charges

The hospice must provide a copy of information free of charge. An organisation may charge a ‘reasonable fee’ when a request is manifestly unfounded or excessive, particularly if it is repetitive.

5.2 Identity of the individual

Before processing the individual SAR or the request for deceased records, you should be satisfied that you know the identity of the requestor, you can do this by asking for proof of identity, such as a passport, driving licence or proof of address.

Additional evidence may then be required to show the individual has a right of access, if

requesting a record of the deceased (see Section 5.7.1).

Whether ID is required will depend on the nature of the request and the individual making the request. For example, it would be reasonable to request proof of identity from an unknown individual, but not an employee whom you know personally.

A request can also be made on behalf of another individual, for example, by a solicitor or relative. You will need to ensure that you are satisfied that they have the appropriate authority to make the request on the data subjects' behalf. You can do this by asking for a signed letter of authority if this was not received as part of the initial request.

5.3 Acknowledging the request

Once you are satisfied that you have verified the identity of the requestor, you should formally acknowledge the request by contacting the individual (usually via email or letter). It is beneficial to manage the expectations of the data subject at the outset, highlighting that they are only entitled to copies of their own personal data (unless in circumstances when appropriately asking for records of the deceased – see Section 5.7) and that the output file may contain redactions along with a brief explanation as to the types of redactions that may be applied.

You must comply with a SAR without undue delay and at the latest within one calendar month of receiving the request. If a request is received on 15 July, the request should be completed and sent to the data subject by 15 August (if the end date falls on a weekend or bank holiday, the calendar month will end on the next working day).

You can extend the time to respond by a further two months if the request is complex or you have received a number of requests from the individual, such as other types of requests relating to individuals' rights. If you require extra time to respond to a request, you should notify the individual within one month that the time frame is going to be extended, and the reasons for this.

The time limit for responding to the request can be paused if:

- You have requested clarification of their request from the data subject and are awaiting their response, or
- You have requested ID from the data subject and are awaiting these documents.

This is referred to as 'stopping the clock'. The clock is only stopped for the duration that it takes the requester to respond. For example, if the requester responds by clarifying their request within 2 days, the clock is only stopped for these two days.

5.4 Gathering the requested personal data

Gathering the requested data may be time consuming. As the individual has the right to request access to or a copy of their personal data - this may exist within computer systems, such as emails, Whatsapp messages. It is therefore important that organisations know where

personal data is stored, and how to search and extract data from these systems efficiently.

Personal data can be held in many different formats (electronic or hardcopy), including, but not limited to, the following:

- Documents
- Handwritten notes
- Emails
- Videos
- Audio recordings
- Images
- Communication platforms such as Microsoft Teams, Skype, and instant messaging apps
- Within software products (databases) or manual filing systems
- Attendance logs.

Requests are often submitted by individuals who want to see a copy of the information an organisation holds about them. An individual who makes a request is entitled to be:

- Told whether any personal data is being processed.
- Given a description of the personal data, the reasons it is being processed and whether it will be given to any other organisation or people.
- Given a copy of the information comprising the data and given details of the source of the data (where this is available).

You should make reasonable efforts to retrieve all personal data that is relevant to the request. However, you are not required to conduct searches that would be unreasonable or disproportionate to the importance of providing access to the information.

We recognise that in the vast majority of cases SARs tend to be patient-related enquiries. We should, however, acknowledge that a SAR could be made by other data subjects (such as employee, ex-employee, volunteer or supporter). Not all computer systems have built-in SAR functionality and as such, a manual process may be necessary to run a series of reports/extracts of the required data from a system, compiled into a single document for checking and potential redaction, prior to release through the relevant department Director or Associate Director. The relevant team will also note the SAR request in their respective system accordingly.

5.5 Exemptions

A data Subject Access Request (SAR) gives individuals the right to obtain a copy of their personal data. It aids individuals in understanding how and why a business may be using their data, as well as helping them to check whether their data is being used lawfully. However, there are exemptions that apply which allow organisations to withhold information from disclosure.

Article 15 of the UK GDPR states that data subjects have the right to obtain, on valid request, a description of:

- The purposes of and legal basis for the processing of personal data;
- The categories of personal data concerned;
- The recipients or categories of recipients to whom the personal data has been disclosed;
- The period for which it is envisaged that the personal data will be stored;
- Any available information as to the origin of the personal data.

As well as a copy of any data held on them.

However, the hospice as the Data Controller has the right to refuse to act on a request if an exemption applies or if the SAR, in accordance with Article 12.5, is “manifestly unfounded”. In these instances, the Data Controller must demonstrate why it is so.

The ICO states that a request may be “manifestly unfounded” if the individual has no clear intention to access the information or is malicious in intent and is using the request to harass an organisation with no real purposes other than to cause disruption. Factors that may indicate malicious intent include:

- The individual has explicitly stated in the request or in other communications that they intend to cause disruption;
- Making unsubstantiated accusations against the company or any other specific members of staff;
- The individual is specifically targeting an employee in result of a personal grudge or;
- The individual constantly sends various requests to the company (for example once a week) as part of a campaign and intends to cause disruption.

However, the above does not automatically mean it is manifestly unfounded and the Data Controller must consider such a request in the context in which it is made. The onus is to be able to demonstrate that it is “obviously and clearly” (such as manifestly) unfounded. It should be noted that use of aggressive or abusive language does not demonstrate a manifestly unfounded request, although it may be indicative.

Further information on exemptions can be found on the ICO website <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/exemptions/a-guide-to-the-data-protection-exemptions/>.

5.6 Sending the required information to the data subject

The requested information should be sent to the individual in the same format that it was requested, unless requested otherwise by the data subject. So, if a requester requests the information electronically, the information should be sent electronically. Always send the data via secure means.

Keep a central record of all SARs for audit and accountability purposes, including:

- All communication with the data subject
- A copy of the information sent to the data subject is in a redacted and unredacted format

- The exemptions applied, and rationale for applying for the exemptions
- The date the SAR was received, and the date responded

5.7 Deceased patient's records and requests made on behalf of others

The Access to Health Records Act (AHRA) 1990 gives certain people a right to see the health records of somebody who has died. These people are defined under Section 3(1)(f) of that act as 'the patient's personal representative and any person who may have a claim arising out of the patient's death'.

5.7.1 Access

Access will usually be granted where the request comes from a personal representative of the deceased who holds a role set out in law. This is usually the person who holds the probate documentation (such as the Grant of Probate or Letters of Administration) or is named as executor in the deceased's will.

The Act gives certain people a right to see the health records of somebody who has died. These people are defined under Section 3(1) (f) of that Act as:

1. The patient's personal representative. This will be the executor or administrator of the deceased person's estate.
2. Any person who may have a claim arising out of the patient's death.

It should be noted that:

- Next of kin have no automatic right of access to these records;
- Individuals meeting the criteria above will be required to provide proof, such as a copy of the will naming an executor or a letter from a solicitor regarding a claim;
- The Act only allows access to records recorded after 1 November 1991;
- You may not be able to see information which could cause serious harm to your physical or mental health, or anyone else's;
- You may not be able to see information which could identify another person (except members of NHS staff who have treated the patient), unless that person gives their permission;
- You won't be able to see the records of someone who made it clear that they didn't want other people to see their records after their death.

5.7.2 Sharing information with family members or individuals close to the deceased

There are times when it is appropriate to share information with a family member or an individual close to the deceased. However, this would be outside the remit of AHRA, which would be in the form of a formal written request to access the record.

Despite the widespread use of the phrase 'next of kin', this is not defined, nor does it have formal legal status. A next of kin cannot give or withhold their consent to the sharing of information on a patient's behalf. As next of kin they have no rights of access to medical records.

While the UK GDPR does not apply, the common law duty of confidentiality still applies to the health and care records of the deceased. You will therefore need to carefully consider the circumstances. If the patient had authorised the sharing of information in their lifetime (for example, to enable someone to pursue a complaint on their behalf), then that sharing should continue. Sharing general information about a patient's death with those close to the patient where there is no reason to believe that the patient would have objected to such disclosure will be permissible. Where it is difficult to reach a decision, the Caldicott Guardian should be consulted.

Take into account the likelihood of the disclosure causing unnecessary harm or distress to the family; for example, a hereditary condition which is communicated without the involvement of an appropriate health and care professional but where sharing would be in the best interests of family members. In cases such as these, speak to an appropriate health and care professional about how best to communicate the information.

A person who is not the personal representative of the deceased but has a claim arising out of the death of the deceased, may have the right to see the health records of the deceased, where they are relevant to the claim. However, because the duty of confidentiality extends after someone has died, organisations will not always grant access. Staff will need to take into account, for example, any wishes the individual expressed before they died.

When requesting access to the records of someone who has died, they may need to provide the following:

- Information that identifies the deceased, such as their name and date of birth or NHS number
- Documentation demonstrating that they are the personal representative, or you have permission from the personal representative
- Information that identifies who they are (including photographic ID)
- Information outlining what their request is for; for example, exactly which records they are requesting and the reason they are requesting them (if applicable).

The Caldicott Guardian should also be informed in cases of uncertainty so that they can make recommendations about whether information should be disclosed.

5.7.3 Support

You may need to provide information to support those dealing with the request. For example, you may be asked:

- If you are aware of any wishes (written or verbal) of the deceased individual relating to their information being shared
- If there is anything in the record which would either cause distress to the family or benefit them to know
- If there is any third-party information in the record; for example, information about other family members
- If there is anything in the record which if disclosed might cause harm to another person

- To explain any clinical abbreviations or terminology in the record, to help the person who has asked for a copy of the record understand it

You should then provide those dealing with the request with the required information or record so that they can facilitate access to the requester.

5.7.4 Coroners

Coroners (or their offices) have a legal right to access the records of a deceased individual to support their inquests. You must provide the information requested by the coroner.

5.7.5 All Age Continuing Care (AACC)

AACC (previously known as Continuing Health Care (CHC)) may provide funding for packages of care to certain patients upon request. As such the hospice will provide relevant information to support an AACC application.

5.7.6 Medical examiners

Medical examiners may request the records of deceased people for independent scrutiny. There is a legal basis for healthcare organisations to share relevant confidential patient information with medical examiners. This is covered by a Section 251 approval following an application to the Confidentiality Advisory Group by NHS England.

In due course it will become a legal requirement for health and care organisations to provide medical examiners with relevant information

5.7.7 Care Quality Commission (CQC)

The CQC has a legal right to access the records of deceased people, where required in the course of its investigations. The CQC Code on Confidential Patient Information provides further information.

The Access to Health Records Act only applies to records made by or on behalf of a healthcare professional in relation to the care and treatment of the individual. This includes such records made by Social Care Workers who are registered with the Health and Care Professions Council.

5.7.8 The police

The police may request records of deceased people as part of their investigations. Ensure there is a legal basis for any disclosure and that the information shared is relevant to and necessary for the stated purpose. To make a disclosure you need to be satisfied that the public interest served by disclosure outweighs the public interest served by protecting the confidentiality of the individual and the public interest served by providing a confidential service to the wider public. You can refuse a request from the police if you are not satisfied that disclosure is relevant or necessary for the stated purpose.

6. Related hospice policies and procedures:

Archive Policy and Procedure
Confidentiality Policy and Procedure
Data Security and Protection Policy and Procedure
Health Records Keeping Policy and Procedure
Media and Marketing Confidentiality Policy
Mental Capacity Policy and Procedure
Patient Confidentiality Policy and Procedure
Patient Privacy and Dignity Policy and Procedure
Safeguarding Vulnerable Adults Policy and Procedure
Verification of Death Procedure

7. Training needs:

Employees will be made aware of the Subject Access Request Policy and Procedure at induction. Role specific training will be provided to those who require it.

8. Policy review:

The policy will be reviewed following introduction of any new legislation, significant changes within the organisation or 3 years following implementation of this document.

9. Compliance with statutory and other requirements:

Access to Health Records Act 1990
Access to Medical Reports Act 1988
Care Quality Commission (CQC) – Essential Standards of Quality and Safety (2010)
Data Protection Act 2018
Health & Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2022
Management of Health and Safety at Work Regulations 1999 (SI 1999/3242)
UK General Data Protection Legislation (UKGDPR) 2021

10. Version control table:

Document Owner:	Associate Director for Quality and Governance		
Approved By:	Quality and Safety Group	Date Last Approved:	October 2024
Date of Next Review:	October 2027		

Record of Changes		
Date	Version	Changes/Comments
16.1.15		
July 2022		
October 2024		Conversion to new format, updated guidance on formats where personal data may reside and revised procedures. Addition data on requests for deceased records.

11. Reference:

Department of Health (2010) Guidance for Access to Health Records Requests

Information Commissioner's Office: <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/#responding>

Appendix One - Equality Impact Assessment Tool

The hospice aims to design and implement services, policies and measures that meet the diverse needs of their service, population and workforce, ensuring that none are placed at a disadvantage in relation to others. The Equality Impact Assessment Tool is designed to help staff consider the needs and assess the impact of the policy in this light. Appropriate adjustments should be made to address any barriers to equity of access. This must be completed using the Equality Impact Assessment Guidance.



Policy and Procedure Title: Subject Access Requests Policy and Procedure Date Completed: 25/06/2024

Assessment tool completed by: Name: Steve Clarke Job Title: IG Lead

Peer reviewed by: Name: Tara Schrikker Job Title: Associate Director for Quality and Governance

		Yes/ No	Please elaborate on your answer
1.	Does the document/policy affect one group less or more favourably than another on the basis of:		
	Race (including ethnicity and nationality) Does the document/policy take into account the needs of people from different groups, if not do you need to make any adjustments?	No	
	Gender (including gender reassignment) Is the language in the document/policy inclusive of trans and non-binary people?	No	
	Culture	No	
	Religion or belief Do people from faith groups experience any specific disadvantage in relation to your document/policy?	No	
	Sexual orientation Is your language inclusive of LGBTQ+ groups?	No	
	Age Are there ways older or younger people may find it difficult to engage with your document/policy?	No	

	Disability Learning disabilities, physical disability, sensory impairment and mental health problems, do you need to consider large print or easy read for the document/policy?	No	Note – if documents from a SAR request were requested in an alternative format, reasonable efforts could be made to provide in larger fonts or pdfs that could be enlarged on screen within reason.
2.	Is there any evidence that some groups will be affected differently by the document/policy?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the document/policy likely to be negative?	No	
5.	If so, can the impact be avoided?	n/a	
6.	What alternative is there to achieving the aims of the document/policy without the impact?	No	
7.	Can we reduce the impact by taking different action?	n/a	

If you have identified a potential discriminatory impact of this document/policy, please fill out this out with any suggestions as to the action required to avoid/reduce this impact and refer to the Associate Director of People.

Checked and Signed Off By	Name:		Date:	
	Signed:			

Appendix Two



St Wilfrid's Hospice

APPENDIX 2 – REQUEST FORM

SUBJECT ACCESS REQUEST (SAR) – ASKING FOR COPIES OF YOUR DATA

1. Who is making this request?

We're asking for your contact details so we can send your response and discuss your request with you (if needed). You only need to give us relevant details. For example, you only need to give us your postal address if you'd like us to respond by post or if you think it would help us identify you. We may ask you for proof of ID if we feel it's reasonable and proportionate. The timescale for responding to your request will start when we receive this.

Your Title/Name

Postal Address

Postcode

Email

Contact Number – Home Phone

Mobile phone number

NHS Number (if you are our patient)

Sex

Are you making this request on behalf of someone else? ☐ Yes ☐ No (Please move to section 3)

2. Please provide contact details of the person you are making the request for.

If you're making the request on behalf of someone else, we need to know who they are and their contact details:

Name of other person

Their postal address

Postcode

Email

Contact Number – Home Phone

Mobile phone number

Their NHS Number (if they are our patient)

You also need to give us proof of your authority to act on their behalf. For example, the relevant copy of the approved Power of Attorney form.

Please send proof of authority together with this form when you make your request.

☐ Yes, I've got proof of my authority to act on someone else's behalf and I'll include it with my form.

☐ No, I haven't got any proof of authority yet, but will send it at a later date. I understand you can't action my request until you receive this information.

3. How would you like us to respond to you?

We'll try and respond to you in the way that suits you. Please let us know if you need us to make any adjustments for you eg large font.

☐ Email ☐ Post ☐ Other (please specify):

4. What personal data are you requesting?

If you know exactly what personal data you're looking for, it's helpful if you let us know.

For example, if you need a copy of a specific letter, we could search for this using a particular word or phrase.

Briefly describe your request:

5. Is there a date range of the personal data you're asking for?

It's helpful if you're as specific as possible about your request. For example, if you've been a patient for several years, but you only need data about recent history, you could ask for data between dates such as only in the last few months.

Date from:

Date to:

6. Can you tell us anything else to help us with our search?

If there's anything else of relevance you can tell us to help us identify you or the data you're requesting, please include this here. For example, any aliases or date of birth:

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 health record referred above under the terms of the Data Protection Act 2018 and UKGDPR.

Signed:

Name:

Date:

Thank you. You have the right to ask for copies of your personal data we store and use. We'll normally respond at the latest within one calendar month of receiving your request. There may be times where we need longer, or we may need to charge a reasonable fee for admin costs. We will let you know if this is the case. You don't have to use this form to ask for copies of your data but it is helpful for us to know what you're looking for so we can respond fully and promptly.

PROOF OF ID AND CURRENT ADDRESS - REQUIRED TO ENSURE THAT DISCLOSURE IS NOT MADE TO AN UNAUTHORISED PERSON

To establish your identity and address, this application must be accompanied by 2 **document(s)** bearing your full name and current address. Please scan/photograph original (if emailing). Photocopies are acceptable (if posting). The following documents may serve this purpose: -

- Council Tax bill or
- Other household bill (e. gas, telephone, etc.), or
- Any other official document which has your name and current address on it.

Please send completed forms to: **Associate Director for Quality and Governance , St Wilfrid's Hospice, 1 Broadwater Way, Eastbourne, BN22 9PZ** email: t.schrikker@nhs.net or stwh.spreferrals@nhs.net

Appendix Three



St Wilfrid's Hospice

APPENDIX 3 – SAR REQUEST FORM

ACCESS TO THE HEALTH AND CARE RECORDS OF DECEASED PEOPLE

Access to Health Records Act 1990 – Criteria for Access

The Access to Health Records Act, 1990 lays down strict guidance on what personal information can be provided to a third party regarding a deceased patient. Our application form has therefore been designed to provide us with sufficient information to ensure that we only provide access to those who are legally entitled to receive this.

The Act gives certain people a right to see the health records of somebody who has died. These people are defined under section 3(1) (f) of that Act as:

1. **The patient's personal representative. This will be the executor/administrator of the deceased person's estate.**
2. **Any person who may have a claim arising out of the patient's death.**

If you meet the criteria outlined above and wish to access someone's records you should complete this form.

We would like to draw your attention to the following points:

- Next of kin have no automatic right of access to these records;
- Individuals meeting the criteria above will be required to provide proof, e.g., a copy of the will naming an executor or a letter from a solicitor regarding a claim;
- The Act only allows access to records recorded after 1 November 1991;
- You may not be able to see information which could identify another person (except members of NHS staff who have treated the patient), unless that person gives their permission.
- You won't be able to see the records of someone who made it clear that they didn't want other people to see their records after their death.
- Accessing health records and information is an important matter. Releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling in the form.

Response times

We will deal with your request as quickly as possible. If we have any problems getting your information, we will keep you updated.

Section 1: Right of Access – (evidence required)

I am the executor / administrator for the estate of the person who has died ☐ Yes ☐ No

I have a claim arising from the patient's death and want to access information relevant to my claim ☐ Yes ☐ No

Evidence required could be from the person holding probate documentation such as **Grant of Probate** or **Letters of Administration** or **document naming you as executor in the deceased's will.**

PROOF OF ID AND CURRENT ADDRESS - REQUIRED TO ENSURE THAT DISCLOSURE IS NOT MADE TO AN UNAUTHORISED PERSON

To establish your identity and address, this application must be accompanied by **document(s)** bearing your full name and current address. Please scan/photograph original (if emailing). Photocopies are acceptable (if posting). Acceptable documents can be:

- Council Tax bill or Other household bill (e. gas, telephone, etc.), or
- Any other official document which has your name and current address on it.

Section 2: Patient Details

Please complete this section as fully and accurately as you can with the personal details of the patient this request is about.

Patient's Surname _____ Forename _____
Postal Address _____
Postcode _____ Date of Birth _____
NHS Number _____ Gender _____
Previous Surname or aliases (if relevant) _____
Any other useful information _____

DECLARATION

I declare that the information I have given in this form is correct and that I am the executor /administrator of the estate or have a claim against the estate. ☐

I enclose evidence of my right to receive this information ☐ and proof of ID. ☐

Your Name _____
Address _____
Postcode _____ Email _____
Contact Number – Home Phone _____ Mobile phone number _____
Signature _____ Date _____

How would you like us to respond to you?

We'll try and respond to you in the way that suits you. Please let us know if you need us to make any adjustments for you eg large font.

☐ Email ☐ Post ☐ Other (please specify): _____

Information you require?

If there is specific information you wish to access, please provide further details. Also, if the criteria in Section 1 do not apply and you would still like to apply to access details of a deceased person, please provide details of why you require access. Please note that access is not an automatic right and applications will be considered on a case-by-case basis.

Further info (continue on a blank sheet if required):

Please send completed forms/proof to: **Associate Director for Quality and Governance , St Wilfrid's Hospice, 1 Broadwater Way, Eastbourne, BN22 9PZ** email: **t.schrikker@nhs.net** or **stwh.spcreferrals@nhs.net**

Appendix Four

