



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**

