Application for access to patient health records – Held by the Shrewsbury and Telford Hospital NHS Trust.

To enable us to verify the correct record details, please complete this application form in **BLOCK CAPITAL** letters.

We aim process and provide your medical record within one month of receiving your completed request alongside your necessary proof of identification.

## SECTION 1 – PATIENTS DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title(Mr, Mrs, Ms, Dr) |  |
|  |  |  |
| Forename(s) |  |  |
| Address |  |
| Other names |  |
|  |  |
| Date of birth |  |
|  |  |  |  |
| Telephone No. |  | Postcode |  |
|  |  |  |  |
| NHS Number (If known) |  | Hospital Number (If known) |  |
|  |  |
|  |

## SECTION 2 – RECORDS REQUESTED

Please try to be as specific as possible when noting the information you require. This will enable us to quickly provide you with the requested records. For example, ‘Leg injury following car accident’.

|  |  |
| --- | --- |
| Episode(s) |  |
| Consultant(s) If known |  |
| Date(s) of treatmente.g. 25/07/2024 – 05/08/2024 |  |
| Please tick the type of information you arerequesting: | Copy of paper record(s) |[ ]  Other copies of records not mentioned in list (Please describe in detail below) |
|  | Radiology (X-Ray, Ct, MRI) |[ ]   |
|  | Copy of paper Nursing record(s) |[ ]   |
|  | Printed test result(s) |[ ]   |

Please note that if radiology is required this will be sent electronically via the Imaging Exchange Portal (IEP), with a **onetime** password (to access the encrypted information) being emailed separately or sent to a mobile phone number.

Please can provide us with two e-mail addresses and/or mobile number in order that imaging and a password to access the encrypted information can be sent separately.

|  |  |
| --- | --- |
| **E-mail address 1:** |  |
| **Mobile No. 1:** |  |
| **Email address 2:** |  |

## SECTION 3 – DETAILS OF THE APPLICANT

[ ]  If you are the applicant please tick the box, then go to section 4. If you are not the applicant and are applying for the records on behalf of someone else, please complete the following.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title(Mr, Mrs, Ms, Dr) |  |
|  |  |  |
| Forename(s) |  |  |
| Address |  |
| Other names |  |
|  |  |
| Date of birth |  |
|  |  |  |  |
| Telephone No. |  | Postcode |  |

## SECTION 4 – DELIVERY ADDRESS FOR COPIES OF RECORDS

To ensure that copy medical records are sent to the correct destination, please confirm below the address to which they should be sent:

**Records to be sent via post (Royal Mail Signed For)**

|  |  |
| --- | --- |
| Postal address: |  |

\* if no address details are provided then records will be sent via Royal Mail Signed For to the address detailed in SECTION 1 of this form.

\*If you wish to have the records sent via encrypted email, please contact us. Records are usually too large to send via email so this will be assessed once the request is completed. If they are too large to be attached to an email, they will be sent via recorded postal delivery.

## SECTION 5 – 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 health records referred to on the previous page, under the terms of the Data Protection Act 2018 or Access to Health Records Act 1990 on the grounds that:

Please tick the appropriate statement(s)

[ ]  I am the patient

[ ]  I am considering a claim against the Shrewsbury and Telford Hospital NHS Trust

[ ]  I act on behalf of the patient and attach the patient’s authority

[ ]  I am acting in loco-parentis and the patient is under 16 years of age

[ ]  I am the deceased patient’s personal representative and attach confirmation of my appointment (e.g. copy of the Will, Letters of Administration)

[ ]  I have a claim arising from the patient’s death and wish to access information relevant to my claim on the grounds that:

|  |
| --- |
| (Please provide information here) |

Signed: Date:
Print name:

## SECTION 5 – PROOF OF IDENTITY

**Your application will not proceed unless we receive photographic proof of identification.**

Please tick the appropriate statement(s):

[ ]  Please include a copy of your driving license or photo page of your passport (please do not send originals).

[ ]  Requests for copies of children’s records will also require a copy of the child’s birth certificate.

Please sign (typed signatures are **not** acceptable) and return the completed form to the following address:
**Legal Services** Or **E-mail:** **sath.rfi@nhs.net** **Princess Royal Hospital
Apley Castle
Telford
TF1 6TF**