

Request for Access to a Deceased Patient's Healthcare records

Under the Access to Health Records (NI) Order 1993 (AHR)

Whilst the UK General Data Protection Regulation (GDPR) provides an individual with the right to obtain a copy of their own personal information (known as a 'subject access request'), this legislation and subsequent right does not apply to the records of a deceased person. Rights of access to these records is captured under the Access to Health Records (NI) Order 1993 (AHR).

Article 5(1)(e) of the Order confers rights of access on 'Personal Representatives' of the deceased and those with a claim on the deceased's estate. 'Personal Representatives' are defined under the Order as the executor or administrator of a deceased person's estate. Applications under the AHR Order must therefore be accompanied by the documentation listed at Section C. It should be noted that being Next of Kin does not, on its own, give automatic rights of access to the information, owing to a duty of confidentiality, even after a patient's death.

It is also important to note that under Article 7(4) of the Order only information relevant to the claim arising out of the death can be considered for disclosure. There is no provision under the Order for access to social care records.

Where family members have a concern about the treatment of the deceased, the first contact should be with the healthcare provider, regardless of availability of legal documentation. Although the legislation limits access to records, healthcare professionals have discretion to disclose where there is clear justification for doing so.

Following receipt of all required documentation for valid requests, the Order permits the Trust up to 40 days to respond, or 21 days where the requested healthcare records have been created within the last 40 days of the date of the request.

Please complete ALL SECTIONS of the application form

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

Surname:		First name(s):	
Date of Birth:		Date of Death:	
Hospital / Healthcare Number (if known):			
Address:			

SECTION B – Details of the person requesting the records *

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

Section C – Proof of Entitlement to the requested records

Please note that, as per Access to Health (NI) Order 1993, a request can only be satisfied, once proof of legal entitlement has been received.

Please indicate by ticking at least one of the following boxes:

1) I have been appointed as a ' Personal Representative ' of the deceased and enclose:	
a) a copy of Grant of Probate documentation issued to me as Executor	
b) a copy of the Will which shows my appointment as Executor	
c) a copy of Letters of Administration issued to me as Personal Representative of the deceased under the rules of intestacy	
d) a copy of formal letter from court office confirming my appointment as Personal Representative of deceased.	
2) I enclose a formal letter from a Solicitor detailing my claim arising out of the patient's death	
In addition to the above I also enclose proof of my address (required)	

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

Name of hospital:			
Type of Records Requested (Select all appropriate):	Dates of Treatment/Details of wards/services:	Attending Healthcare Provider (if known):	
Emergency Department	<input type="checkbox"/>		
Hospital Records (include wards)	<input type="checkbox"/>		

SECTION E – Receiving Notes

Our default methods for issuing records are: (Please tick to indicate your preferred method)

Electronically

Collection in person

If neither of these options are suitable, and you wish to receive your records via a mailing service, please tick below:

Post

SECTION E – DECLARATION

I declare that the information and documentation given by me is correct to the best of my knowledge and that I am entitled to apply for access to the above requested records. I understand that I do not have an automatic right to access the health records of the deceased and that my application will not be processed without valid legal documentation and proof of address.

I understand that the Trust is no longer responsible for the security and confidentiality of any patient records which are supplied to me. It is my intention to take all necessary steps to keep any information secure and to dispose of by confidential means when it is no longer required.

Applicant's signature: _____ **Date:** _____

Return the completed and signed Form along with all supporting documents and ID to:

Information Governance Department, Causeway House, Route Complex, 8E
Coleraine Road, Ballymoney BT53 6BP or Email: SAR@northerntrust.hscni.net
Telephone: 02827 661293