

## Application for Access to Personal Health Records by the Representative of a Deceased Person

Please complete this form in capital letters using black / dark ink. To assist us process your request in a timely manner please provide as much information as possible in each section.

**Under the Access to Health Records Act 1990 a representative of a deceased person is entitled to medical information *only* please refer to page 5 for more information.**

Completed forms and proof of identification should be sent [access.disclosure@sthk.nhs.uk](mailto:access.disclosure@sthk.nhs.uk)

**It is requirement that your records must be sent via a safe and secure format. Therefore, you will receive your information via secure email, please ensure you provide your preferred email address for the disclosure of your records.**

### Section 1 - Personal Details of whose information is requested

Surname:.....	
First Name:.....	
Middle Name/s:.....	
Date of Birth:	Date of Death:
Hospital No (if known):	GP Details:
Address Including Postcode (at the time of death): ..... ..... .....	
If the person's name and/or address were different from the above during the period/s for which you are applying, please provide details:  Previous name/s with dates: .....	
Previous address/s with dates:..... .....	

What is this information to be used for?  
.....  
.....

Are you aware if the person whose record you are requesting has previously been adopted: Yes / No  
If so please provide us with any relevant information such as the date and their previous name:-  
.....  
.....

Section 2 - Your Details

Title:.....  
Surname:.....  
First Name:.....

Contact Phone Number  
Landline:  
Mobile:

Address Including Postcode:  
.....  
.....  
.....

Email Address:.....

Your relationship to the patient:  
**Tick as applicable**  
 I am the patient's personal representative (please attach proof of relationship *see section 5 for further details*)  
 I am the executor of the estate (please attach confirmation of your appointment)  
 I have been designated the administrator of the patient (please attach confirmation of your appointment)  
 I have a claim arising from the patient's death (please provide details of this claim below)

### Section 3 – Access and Records

Details of treatment for which you are applying for access. Please provide as much information as possible including name of consultant and dates of treatment.

Date attended	Hospital	Type of Attendance	Ward or Clinic	Consultant

### Section 4 – Declaration

**I declare that I am acting on behalf of .....  
named in this application and that I am duly authorised to make this  
application, and that the information given on this form is correct to the best of  
my knowledge.**

**I enclose the following evidence to confirm my identity\* \*Please do not send  
originals as these cannot be returned, copies only.**

Signature.....  
Date.....  
Full Name of Applicant (Block Capitals).....

**Please note:**

**Once your completed application has been received into the department with  
any required supporting Documentation, we will aim to process your request  
within 40 working days.**

### Section 5 - Proof of Identity

Please supply a photocopy of one document from sections A, B, C and D to support your application.

- A. Confirmation of name
  - Driving licence
  - Passport
  - Bus Pass
  - Birth certificate
  
- B. Confirmation of address
  - Recent (less than 6 months) utility bill (gas, electricity, council tax or water services)

- Recent (less than 6 months) mortgage/bank statement/ DWP benefit statement / pension statement
- C. Confirmation of death
  - Copy of Death Certificate
- D. Confirmation of entitlement
  - Copy of Will
  - Named Executor on deceased persons Will
  - Administrator of deceased persons estate
  - Grant of Probate letter

## [Privacy Notice](#)

The Trust Privacy Notice explains in detail the type of personal data that we, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), process about you. What we do with the information that we collect and hold about you and why we might need to share it with other organisations involved in the delivery of your care.

Please refer to our [Privacy Notice](#) should you wish to know more on how your data is used by the Trust.

### **Guidance on the Access to Health Records Act 1990**

When a patient dies the right of access, as outlined in Article 15 of the UK GDPR, does not apply as data protection only applies to living individuals or those acting on behalf of the data subject if the data subject is living. However, the Trust applies the same rules – to respect a patient’s confidentiality beyond death.

This only avenue for a patient’s personal representative of the deceased to request information is via the Access to Health Records Act 1990. The Access to Health Records Act 1990 (AHRA) allows the patient’s personal representative (the executor or administrator of the deceased person’s estate) or any person who may have a claim arising out of the patient’s death the right to access the health records of a deceased individual. The following deceased records can be accessed through an access to health records request:

- Medical records, such as GP records, hospital records, and dental records.
- Mental health records.
- Sexual health records.
- Genetic records.
- Social care records.
- Pharmacy records.
- Optical records.
- Hearing records.

No other information relating to patient can be released, i.e. investigation notes / summaries, emails etc.