



HARDWICKE HOUSE GROUP PRACTICE

APPLICATION FOR ACCESS TO HEALTH RECORDS

Patient Details

Surname	
Forename(s)	
Date of Birth	
NHS Number (if known)	
Date of Death (if applicable)	
Address, incl postcode	
Telephone number	

Applicant Details (if different from above)

Surname	
Forename(s)	
Date of Birth	
Address, incl postcode	
Telephone number	
Relationship to the Patient	

REQUEST INFORMATION

Please advise whether you are requesting access to the full or partial medical record.

- Full medical record
 Partial medical record

If you are requesting access to specific time periods, please state what period your request covers or the relevant year(s).

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If you are requesting access to someone else's records, please briefly state the reason you require these records:

IDENTIFICATION

Please supply **original documents. (we will photocopy and return originals to you).**

- One form of personal photo ID

AND

- Proof of your address

Acceptable Photo Personal Identity Documents:

- Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities passports.
- Passports of non-EU nationals containing UK stamps, a visa or a UK residence permit showing the immigration status of the holder in the UK*
- Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine)
- A national ID card and/or other valid documentation relating to immigration status and permission to work*.

Where the applicant is not able to provide acceptable photographic ID the following must be provided:-

- One form of non-photographic personal identification and one document confirming the address must be provided from different sources.
- A passport sized photograph, endorsed on the back with a signature of a 'person of standing' who has known them for at least 3 years (e.g. magistrate, medical practitioner, officer of the armed forces, teacher, lawyer or civil servant)

Any document not listed above is not an acceptable form of identification e.g. organisational ID card.



HARDWICKE HOUSE GROUP PRACTICE

Acceptable Non-Photo Personal Identity Documents

- Full UK birth certificate – issued within 6 weeks of birth
- Current full driving license (old version); (provisional driving licenses are not acceptable)
- Residence permit issued by Home Office to EU Nationals on inspection of own-country passport
- Adoption certificate

- Marriage / civil partnership certificate
- Divorce or annulment papers
- Police registration document
- Certificate of employment in HM Forces
- Current benefit book or card or original notification letter from the Department of Work and Pensions (DWP) confirming legal right to benefit
- Most recent HM Revenues and Customs (previously Inland Revenue) tax notification
- Current firearms certificate
- Application Registration Card (ARC) issued to people seeking asylum in the UK (or previously issued standard acknowledgement letters, SAL1 or SAL2 forms)
- GV3 form issued to people who want to travel in the UK without valid travel documents
- Home Office letter IS KOS EX or KOS EX2
- Building industry sub-contractor's certificate issued by HM Revenues and Customs (previously Inland Revenue)

To confirm address, the following documents are acceptable:

- Recent utility bill or a certificate from a supplier of utilities confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills must not be accepted as they can be sent to different addresses).
- Utility bills in joint names are permissible;*
- Local authority tax bill (valid for current year);*
- Current UK photocard driving licence (if not already presented as a personal ID document);
- Current Full UK driving licence (old version) (if not already presented as a personal ID document);
- Bank, building society or credit union statement or passbook containing current address;
- Most recent mortgage statement from a recognised lender;*
- Current local council rent card or tenancy agreement;
- Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit;
- Confirmation from an electoral register search that a person of that name lives at the claimed address;*
- Court Order.*

*The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g. clear evidence that the person was not living in the UK for 6 months or more) and the must contain the name and address of the applicant.



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DECLARATION BY APPLICANT

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 to under the terms of the Data Protection Act 1998 / Access to Health Records Act 1990.

Please tick one of the following:

- I am the patient.
- I have been asked to act by the patient and attach the patient’s written authorisation.
- I have been appointed by the court to manage the affairs of the patient and attach confirmation of my appointment.
- I have parental responsibility for the patient who is under 16 and they are not capable of understanding the request.
- I have parental responsibility for the patient who is under 16 and they have consented to my making this request.
- I am the deceased patient’s personal representative (executor/administrator) and attach confirmation of my appointment, (NB. In the case of joint executors, all must sign below).
- I have a claim arising from the patient’s death and have attached details and evidence of this claim.

Signature..... Date.....

Signature..... Date.....

Signature..... Date.....

Any information you have supplied in making this request will be treated in confidence. It will only be used for the purpose of carrying out your request in accordance with the Data Protection Act 1998, General Data Protection Regulations or Access to Health Records Act 1990. After your request is completed your information will be retained for a statutory time period (currently 6 years), after which date it will be securely destroyed.

If a fee is applicable, please send your completed application form, copies of relevant identification documentation and a cheque made payable to ‘Hardwicke House Group Practice’ to:

Hardwicke House
Stour Street
Sudbury
CO10 2AY