



**APPLICATION FOR ACCESS TO RECORDS FORM**

**UK GENERAL DATA PROTECTION REGULATION/DATA PROTECTION ACT 2018  
ACCESS TO HEALTH NI Order (1993)**

**Please fill in the application form below in BLOCK CAPITALS**

**Please tick as appropriate:**

|   |  |
|---|--|
| I am requesting access to my own personal records.<br>Please complete <b>Sections A,C, D and F</b>                          |  |
| I am requesting access to records belonging to another living individual.<br>Please complete Sections <b>A,B,C, D and F</b> |  |
| I am requesting access to records of a deceased person.<br>Please complete <b>Sections A,B,C, E and F</b>                   |  |

**Please Note**

- Access to personal information is provided free of charge. However, the Trust reserves the right to charge a fee or to refuse to respond to a request that is manifestly unfounded or excessive. For this reason, please ensure your request for information is as concise and focused as possible. We will contact you if we require further details about your request.
- Repeat requests for information already provided will only be processed in exceptional circumstances. The Trust reserves the right to charge a fee for a repeat request.
- The General Data Protection Regulation (GDPR) allows up to 90 days for providing a response to complex requests. Requests that are not deemed to be complex will be responded to within 30 days.
- For access to deceased patient records the Access to Health Records (NI) Order 1993 allows up to 40 days to respond to a request

**SECTION A: Requestor Details if Different to the person in Section B**

|  |  |
|--|--|
| <b>Surname:</b>                        |  |
| <b>Forename(s):</b>                    |  |
| <b>Previous Surname:</b>               |  |
| <b>Title (please circle)</b>           | <b>Mr, Mrs, Miss, Ms, Dr (please circle)</b> |
| <b>Address</b>                         |  |
|  | <b>Postcode:</b>                             |
| <b>Previous Address, if applicable</b> |  |
|  | <b>Postcode:</b>                             |
| <b>Telephone No:</b>                   |  |

|  |  |
|--|--|
| <b>Date of Birth:</b>                      |  |
| <b>Health and Social Care No:</b>          |  |
| <b>Relationship to Person in Section B</b> |  |

**SECTION B: Details of the person the records / information relates to:**

|  |  |
|--|--|
| <b>Surname:</b>                        |  |
| <b>Forename(s):</b>                    |  |
| <b>Previous Surname:</b>               |  |
| <b>Title (please circle)</b>           | <b>Mr, Mrs, Miss, Ms, Dr (please circle)</b> |
| <b>Address</b>                         |  |
|  | <b>Postcode:</b>                             |
| <b>Previous Address, if applicable</b> |  |
|  | <b>Postcode:</b>                             |
| <b>Telephone No:</b>                   |  |
| <b>Date of Birth:</b>                  |  |
| <b>Health and Social Care No:</b>      |  |

**SECTION C: DETAILS OF THE RECORD YOU WISH TO ACCESS**

To help us identify the records promptly, please complete the following as far as you can giving as much information as possible regarding the records you are requesting:

|                            |  |
|----------------------------|--|
| <b>Date of Incident</b>    |  |
| <b>Address of Incident</b> |  |
| <b>Postcode</b>            |  |
| <b>Nature of Incident</b>  |  |

Following attendance at a 999 incident or other call types, the Trust holds information relating to a patient including call records and medical records (known as a Patient Report Form). Please (✓) as appropriate which records you are looking to source:

|  |  |
|--|--|
| 999 Call Record made at time of incident (not releasable in all cases) |  |
| Records relating to time of call, arrival of ambulance etc             |  |
| Patient Report Form (medical record completed by attending staff)      |  |

Other (please detail):

**OTHER RECORDS:** (Please tick and provide further information on dates etc)

**NB:** *This is not a definitive list of records.*

| Type of Record        | Appropriate dates of involvement |
|-----------------------|----------------------------------|
| Complaints File       |                                  |
| Disciplinary File     |                                  |
| Grievance File        |                                  |
| Interview Booklets    |                                  |
| Other (please detail) |                                  |

**SECTION D: AUTHORISATION AND IDENTIFICATION.**

**Please note acceptable forms of proof of identity include copy of:**

*(Passport, driving licence, Translink Senior Citizen Smart Pass, electoral card, birth certificate or medical card).*

**Please select 1, 2, 3,4 of the following options:**

|  |  |
|--|--|
| <b>1) I am the patient</b> and enclose proof of my identity (copy or original ID documents)  |  |
| <b>2) I have parental responsibility</b> however the child <b><u>is capable</u></b> of understanding this request and I attach their written consent allowing me to access their personal information on their behalf  |  |
| <b>3) I have parental responsibility</b> and the child named above <b><u>is NOT capable</u></b> of understanding this request or consenting to the release of his/her records. I am acting in his/her best interests.  |  |
| <b>4) I am acting as an advocate on the patient's / client's behalf</b> and <b><u>confirm that either:</u></b>   |  |
| The patient / client is capable of understanding this request and has asked that I act on their behalf. Their written signed consent is enclosed/attached along with a copy of ID for myself <b><u>and</u></b> for the patient/client.   |  |
| The patient/client <b><u>is NOT capable</u></b> of understanding the request. I confirm that I am acting on their behalf and in their best interests. I understand that capacity will be checked with relevant health professional(s) and records will only be disclosed if, in the opinion of the relevant professional, it is in the patient's / clients' best interests. If approved I understand that any access provided will be limited to information that will meet the needs of the patient/client and enclose/attach a copy of ID for myself and for the patient/client. |  |

## **SECTION E**

# **Request for Access to a Deceased Patient's Healthcare records**

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

**Please read notes before completing Form**

Whilst the UK General Data Protection Regulation (GDPR) provides a living individual with the right to obtain a copy of their own personal information (this is called a 'subject access request'), this legislation and right of access does not apply to the records of a deceased person. Due to a duty of confidentiality that remains after a person's death, a Next of Kin does not have an automatic right to access the health records of a deceased relative or friend. Such access can only be provided in limited circumstances.

The law in relation to access to a deceased person's medical or health records is the **Access to Health Records (Northern Ireland) Order 1993**; however Article 5(1)(e) of the Order provides that an application for a deceased person's health records may only be made by either :

- **the legally appointed personal representative of the deceased (i.e. an executor or administrator of a Will to enable them to carry out their duties); or**
- **any individual who has a claim arising out of the death (for example, a claim against the estate of the deceased).**

In all cases, legal proof of entitlement is required before a request for a deceased person's healthcare records can be processed under the legislation.

The AHR Order does not recognise Next of Kin on its own, as a personal representative with the right to access a late relative's health records; and, in Northern Ireland, Power of Attorney does not apply to health care decisions and ceases to apply on the death of an individual so cannot be used as proof of entitlement.

It is also important to note that under Article 7(4) of the Order, there is no automatic right of full unrestricted access to a deceased person's healthcare records and only information relevant to the claim arising out of the death will be considered for disclosure

Applications under the AHR Order must therefore be accompanied by the documentation listed below, along with specific details of the records required and how these are relevant to your request.

There is no provision under the AHR Order for access to Social Care notes and records; and access to a deceased person's confidential healthcare records cannot be provided to anyone without the valid legal authority to do so. Where legal documents are not available as evidence of legal authority but the family of the deceased have a query or concern about their relative's care or treatment, they should contact the health professionals involved in the first instance. While there is no legal entitlement other than the limited circumstances covered under the Access to Health Records legislation (as specified above), health professionals have always had discretion to disclose relevant information directly to a deceased person's relatives or others when there is a clear justification.

For valid requests and following receipt of all required documentation, the AHR Order allows up to 40 days to respond to a request. Relevant records will be reviewed by a health professional(s) before their release.

Further information can be found here <https://www.health-ni.gov.uk/articles/access-health-records-northern-ireland-order-1993>

Subject Access Form v5\_November2023

|   |  |
|---|--|
| <b>Please indicate by ticking <u>at least one</u> of the following boxes:</b>   |  |
| I have been appointed personal representative of the deceased patient and enclose a copy of <b>Grant of Probate</b> documentation issued to me as Executor of the 'Will'                                      |  |
| I enclose a <b>copy of the Will</b> which shows my appointment as Executor appointed to manage the personal affairs of the deceased   |  |
| The patient died without making a Will and I enclose a copy of <b>Grant of Letters of Administration</b> issued to me as personal representative (Administrator) of the deceased under the rules of intestacy |  |
| I enclose a formal letter from a Solicitor or Court office <u>confirming my appointment as the personal representative</u> of the deceased  |  |
| I enclose a formal letter from a Solicitor pursuing a claim arising out of the patient's death  |  |

|   |  |
|---|--|
| <b>In addition to the above</b> I also enclose proof of my identity, including my address details<br>* <b>NB.</b> In cases where there is <b>more than one Executor of the Will</b> , please provide written consent and a copy ID from all Executors |  |
|---|--|

**Section F: 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 access to the requested medical records under the terms of the Access to Health Records Order (NI) 1993.

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 authority and ID (such as a copy of passport, driving licence, Translink Senior Citizen Smart Pass, electoral card, birth certificate or medical card).

I understand that the Trust is no longer responsible for the security and confidentiality of any patient records which are supplied to me. I confirm I will take all necessary steps to keep secure any information contained in those records and will dispose of the records by confidential means when they are no longer required.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Form to be returned to:**

**Information Governance Team  
Northern Ireland Ambulance Service  
Site 30, Knockbracken Healthcare Park  
Saintfield Road  
Belfast,  
BT8 8SG**

**Email:** [informatics.department@nias.hscni.net](mailto:informatics.department@nias.hscni.net)