



**Cambridge  
University Hospitals**  
NHS Foundation Trust

**Access to Health Records**

Box 82  
Addenbrooke's Hospital  
Cambridge Biomedical Campus  
Hills Road  
Cambridge CB2 0QQ

Tel: 01223 216327 / 01223 216755

email:  
accesstohealthrecords@addenbrookes.nhs.uk  
www.cuh.nhs.uk

Dear Sir or Madam

**Re: Access to Health Records**

Thank you for your access to health records request.

Please find attached a form to complete to assist us in processing your request, together with an information sheet for your guidance.

We will endeavour to complete your access request within one month, in accordance with the General Data Protection Regulation (GDPR) 2018. To avoid any delays in the completion of your request, please can you ensure that:

- The form is signed and dated and that you attach a copy of the identification required.
- If you are acting on behalf of a patient under the age of 16, and you have parental responsibility, please provide a copy of the birth certificate, adoption certificate or an official document confirming your parental responsibility.
- If you are acting on behalf of the patient provide a copy of the signed Power of Attorney or a Court Order of Protection.
- If you are requesting information relating to a deceased patient please provide an official document which confirms you are the executor of their estate or an administrator of their will.

On receiving the completed form, we will process your application as soon as possible. If we experience any delays we will notify you within 28 days and provide you with a reason for the delay.

Yours sincerely

**Access to Health Records Team**

Addenbrooke's Hospital | Rosie Hospital

NIHR – Cambridge Biomedical Research Centre | Academic Health Science Centre – Cambridge University Health Partners

### **An overview of the General Data Protection Regulation 2018**

The General Data Protection Regulation (GDPR) 2018 gives every living person or someone acting on behalf of the patient (for example, by written authorisation) the right to apply for access to their health records. However, there are certain circumstances in which the record holder may withhold any information, which might cause serious harm to physical or mental health, or identify a third party.

### **An overview of the Access to Health Records Act 1990**

The GDPR does not cover the records of deceased patients. Statutory rights of access to these fall within the Access to Health Records Act 1990. Any person with a claim arising from the death of a patient has a right of access to information covered by the Act and directly relevant to that claim. A personal representative or executor can also access information to benefit the deceased's estate, as can an individual who was a dependant of the deceased and who has a claim relating to that dependency which has arisen from the death. However, there are certain circumstances in which the record holder may withhold any information, which might cause serious harm to physical or mental health, or identify a third party.

### **Fees**

- Fees are not generally charged for accessing health records.
- However, in accordance with the GDPR, the Trust reserves the right to charge a reasonable fee for the administrative costs of complying with the request in circumstances where the request is manifestly unfounded or excessive. The Trust may also charge a reasonable fee if an individual requests further copies of their data following a request. This fee will be based on the administrative costs of providing further copies.

**Patients have a right to have their personal health information kept confidential and record holders are obliged to be satisfied that the applicant is the patient, or is otherwise entitled to access the patient's records. At the least, we will need to check your identity, but we may also have to make further enquires.**

**Application for Access to Health Records**

(In accordance with the General Data Protection Regulation 2018)

Please complete this form in **BLOCK CAPITALS** and in **black ink**, and return to the address overleaf

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**The PATIENT'S details:**

Surname: ..... Forenames: .....

Current address: .....

..... Postcode:.....

Date of birth: ..... Hospital Number: (if known): .....

Tel (home/evenings): ..... Tel (work/day):.....

Email: .....

If the patient's name and/or address has changed from that given above during the period(s) to which the application relates, please give details here: .....

.....  
 .....

**Details of the patient information required**

**1. Please indicate which type of health records you are requesting:**

- X-rays and scans only (these are provided on CD – unfortunately they are not Apple Mac compatible)
- All aspects of the health record or
- Please provide the approximate date(s) this request relates to and if applicable the specialty, clinic or consultant you were under:

Approximate Date From	Approximate Date To	Specialty or Clinic	Consultant

**2. Name and address to which the records should be sent:**

.....  
 .....  
 .....

Addenbrooke's Hospital | Rosie Hospital

**Declaration and authorisation:**

In completing and signing the relevant section of this form, you are declaring that the information you have provided is accurate to the best of your knowledge.

- If you are the patient named overleaf whose records are being requested, please complete Section 1 below and provide a copy of your identification (passport, driving licence or birth certificate).
- If you are requesting records relating to a child under the age of 16 for whom you have parental responsibility, you only need to complete Section 2 below and provide a copy of the child's identification (birth certificate, adoption certificate or official document confirming you have parental responsibility) AND a copy of your identification (passport, driving licence or birth certificate).
- If you are acting on behalf of the patient named overleaf, please complete Section 3 below and provide a copy of the patient's identification (passport, driving licence or birth certificate) AND a copy of the signed Power of Attorney or a Court Order of Protection AND a copy of your identification (passport, driving licence or birth certificate).
- If you are requesting records relating to a deceased patient named overleaf, please complete Section 4 below and provide an official document or letter which names you as an executor of the estate or an administrator of the will AND a copy of your identification (passport, driving licence, birth certificate). If your right to access a deceased patient's records falls in one of the other statutory rights of access then please provide information/documentation in support of your claim.

**Section 1** (only to be completed by the patient named overleaf)

**Please attach a COPY of your identification**

I (insert full name in BLOCK Capitals) .....  
 certify that I am the person named overleaf and consent to the requested copy of my health records being sent to the address provided in response to question 2 overleaf.

Signed: ..... Date: .....

**Section 2** (only to be completed if you have parental responsibility for a patient under the age of 16 named overleaf)

**Please attach a COPY of your child's identification and your identification**

I (insert full name in BLOCK Capitals) ..... certify that I have parental responsibility for the patient (who is under the age of 16) named overleaf and consent to the requested copy of their health records being sent to the address provided in response to question 2 overleaf.

Signed: ..... Date: .....

**Section 3** (only to be completed if you are acting on behalf of the patient named overleaf)

**Please attach a COPY of the patient's identification, your identification and a copy of your Power of Attorney or a Court Order of Protection**

I (insert full name in BLOCK Capitals) ..... certify that I am acting on behalf of the patient named overleaf and consent to the requested copy of their health records being sent to the address provided in response to question 2 overleaf.

Signed: ..... Date: .....

**Section 4** (only to be completed if you are requesting health records relating to a deceased patient named overleaf)

**Please attach a COPY of the official document which confirm you are the executor of the estate or administrator of the will of the deceased patient or information/documentation in support of your claim and a copy of your identification**

I (insert full name in BLOCK Capitals) ..... certify that I am the executor/administrator/claimant of the patient named overleaf and consent to the requested copy of their health records being sent to the address provided in response to question 2 overleaf.

Signed: ..... Date: .....

Please return this completed form and any requested documentation to:

**Access to Health Records Office, Box 82, Addenbrooke's Hospital, Cambridge Biomedical Campus, Hills Road, Cambridge CB2 0QQ**

You can also submit the request by email (sending scanned copies of the completed and signed form and the required documentation) to: [accesstohealthrecords@addenbrookes.nhs.uk](mailto:accesstohealthrecords@addenbrookes.nhs.uk)