**Application to Access Health Records (Deceased)**

Please complete this form in block capitals if you are looking to access your health records or the records of a deceased individual. If you are requesting records for a living individual, please complete the *Application to Access Health Records (Living)*.

**Details of the patient**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Surname (if different at attendance) |  |
| Date of Birth |  |
| Date of Death  |  |
| Hospital number (if known) |  |
| NHS number (if known) |  |
| Home address (if known) |  |

**Which sites did the patient receive treatment from?** (tick all that apply)

□ Evelina London

□ Guy’s Hospital

□ Harefield Hospital

□ Royal Brompton Hospital

□ St Thomas’ Hospital

□ Wimpole Street

□ Community

**What records are you requesting**? (If possible please provide specific dates and/or confirm the type of record e.g. maternity notes, test results)

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**Details of the requester (tick which applies)**

□ I am the Executor (personal representative) of the patient’s Will

□ I have been granted Letters of Administration by a Court

□ I have a legal claim which requires the records

□ I am from a law firm

**Your details**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Relationship to patient |  |
| Contact address (e.g. home, email) |  |
| Claim against the Trust? (Law firms only) |  |

**Required documents**

To process your request, we require documents to verify your identity and eligibility to access the records. This is a requirement under article 12 of the UK GDPR and Access to Health Records Act 1990.

|  |  |
| --- | --- |
| Requester type | Required documents |
| I am the Executor (personal representative) of the patient’s Will  | * Valid ID (e.g. driving licence or passport)
* A copy of the Will
* A copy of the Death Certificate
 |
| I have Letters of Administration issued by a Court | * Valid ID (e.g. driving licence or passport)
* A copy of the Letters of Administration
* A copy of the Death Certificate
 |
| I have a legal claim which requires the records  | * Valid ID of the requester
* Evidence of a legal claim (i.e. a letter from a solicitor or application to a Court)
* A copy of the Death Certificate
 |
| I am from a law firm  | * A letter of consent from the Executor of the Will; **or**
* A letter of consent from the individual with Letters of Administration; **or**
* Information about the legal claim and an explanation as to why the records are required for the claim
 |

**Informative**

Please send this completed form with required documents to one of the following addresses:

* subjectaccess@gstt.nhs.uk
* Information Governance, 1st Floor South Wing, St Thomas’ Hospital, Westminster Bridge Road, London, SE1 7EH.

Once we receive your request, we will provide you with your records within 30 days.

Please note, partners or family members of deceased patients do not have an automatic right to see the patient’s medical records. Medical records of deceased patients continue to be protected under the Common Law Duty of Confidentiality. Only in very limited situations will records be made accessible to family members or partners who do not meet the above requirements. These will be assessed on a case by case basis by Information Governance.