



Access to Health Records and Reports Form

Introduction

The Access to Health Records Act 1993 provides a small cohort of people with a statutory right to apply for access to information contained within a deceased person's health record. These individuals are defined under the Act as 'the patient's personal representative'. Requests may also be considered if an individual can provide proof that a claim is being made arising from the patient's death.

How to apply

We appreciate that this is likely to be a distressing time for relatives to the deceased, and we want to make the process of applying to see the relevant records as easy as possible.

Please complete this form and be sure to enclose/include all the requested information. If information is not provided, it will delay your response.

Who can apply

We are only able to disclose the record to the patient's personal representative (which is usually the executor or administrator of the deceased person's estate), or any person that can establish that they are seeking a claim, arising out of the patient's death.

Individuals requesting access to a deceased patient's health information should be able to demonstrate a legitimate purpose for the information to be disclosed.

You will need to provide one of the following:

- The Grant of probate
- A Letter of Administration
- Last Will and Testament

Or, if none of the above are in existence:

- A Marriage Certificate
- A Birth Certificate
- Death Certificate

These should be provided as proof that you are entitled to access the records.

What can I request?

We will try our best to comply with what you request, so we would ask that you be as specific as possible regarding exactly which records you need. The law allows for the appropriate person to access records from 1993 onwards, with the exception of some exemptions, detailed below.

Can I be stopped from seeing some records?

Yes, in accordance with the Act, we will not disclose any information that the deceased patient has specifically requested to remain confidential. We will also be mindful not to disclose information that will cause physical or mental distress or detriment to any living individual.

Please note that Manx Care does not hold personal information indefinitely. It may be that some information has been destroyed in line with our Records Retention Policies.

Your Identification

As well as providing proof that you are entitled to see the record, we also require proof of your identification. We need to see photographic identification (passport or driving licence), as well as proof of your current address (a bank statement or utility bill).

We will accept photocopies of your I.D, or you can call into Crookall House with your completed form, and the I.D will be copied for you.

Fee

There is no charge for these records.

However, if you require additional copies of the records, you will be charged an additional £5-40, depending on the number of pages that you want copied.

Please note that records will be given to you on an encrypted disc, unless otherwise specified.

What happens next?

Once we are satisfied with the application, and that you are eligible to receive the requested documents, we will send the request to the necessary consultants. We will always endeavour to complete your request within the time frame set out. Please be mindful that there may be occasions where it may take longer.

If the patient was treated by us in the past 40 days, we have 21 days to complete the process. If the patient was treated by us over 40 days previously, we have 40 days to complete the process.

The time limit to complete the process does not start until we have received your completed application, proof of your identification, proof that you are entitled to the records, and any necessary fees.

Contact details

Following the death of a patient GP records are sent from the surgeries to Primary Care Services and can be accessed by including the request within this form.

For any queries, please contact the Information Governance team - this is also where you should send your application form.

Either by

Email- DPO-ManxCare@gov.im

or

Information Governance Team
Crookall House, Demesne Road, Douglas
Isle of Man IM1 3QA

Contact numbers are

Tel: 651169 or Tel: 642621

Details of the patient/ service user:

Title (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (please state)		
Family Name/ Surname:	.....	
Maiden, previous or other name:	.....	
First name (s):	.....	
Current Address:	..... ..... ..... ..... ..... ..... Post code:		
NHS Number if known	.....	
Hospital Number if known	.....	
Date of birth:	...../...../.....	Date of death:/...../.....
Previous Address (particularly the address at the time that the records are being requested for):	..... ..... ..... ..... ..... ..... Post code:		
Items provided to prove that you are the patient's personal representative:	..... .....	

Details of the records you wish to access:

Please note that Manx Care does not hold personal information indefinitely. It may be that some information has been destroyed in line with retention policies.

We will only send you the data that you have requested, if we hold it in our records.

Please give as much information as you can to help us identify the records you are particularly interested in, including details of any specific information that you would like to know.

Describe the information that you seek, together with any other relevant information e.g. Hospital ward/ specific dates attended/ any other information that will help us to identify the information that you require.

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Hospital attended:

Dates attended:

Department/
Speciality/ Consultant

Records relating to above episodes required? (Delete As Applicable)	Yes	No
X-rays relating to above episodes required? (Delete As Applicable)	Yes	No
Nursing records relating to above episodes required? (Delete As Applicable)	Yes	No
Reports relating to above episodes required? (Delete As Applicable)	Yes	No

Other relevant details:

Please detail the reasons that you are requesting this information.
 Please note that if you are the patient's personal representative, it is not essential that you provide these details. Individuals other than the representative only have a legal right to any information if they can establish a claim arising from the patient's death.

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Your details

Title (please tick one):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (please state)
Family Name/ Surname:
First name (s):	.....
Telephone number:	.....
Email Address:	.....
Current Address:	..... ..... ..... ..... ..... ..... Post code:
Form of I.D provided:	.....
Proof of address type:	.....

Declaration

This must be completed by all applicants. Please note that any attempt to mislead may result in prosecution.

I declare that the information given in this form is correct to the best of my knowledge, and that I am entitled to apply for access to these records under the terms of the Access to Health Records and Reports Act 1993.	<input type="checkbox"/>
I am the deceased patient's personal representative and attach the confirmation of my appointment (see details of what is acceptable on Page 2).	<input type="checkbox"/>
I have a claim arising from the patient's death and wish to access information relevant to my claim and have confirmed the details of this on Page 6.	<input type="checkbox"/>
Signed:	
Name (block capitals):	
Date	
A person who impersonates another or attempts to impersonate another may be guilty of an offence.	

Checklist

- Is the form signed?
- I.D enclosed?
- Proof of address enclosed?
- Proof that you are the patient's representative enclosed?