

Application for access to health records held by the University Hospitals of Leicester NHS Trust

Please read the information sheet before completing this form

PATIENT'S DETAILS (records to be accessed)	
Patient's title (Mr/Mrs/Miss)	
Patient's full name	
Date of Birth	
Address Postcode	
Telephone number	
Email address (so we can send you a password)	
Hospital no (if known)	

RECORDS REQUIRED	
Details of records required please be specific e.g. department attended, consultant's name	
Dates of records required e.g. accident date	
Hospital records required	Leicester Royal Infirmary Leicester General Hospital Glenfield Hospital (delete as appropriate)
I wish to:	Have photocopies of the records OR Have a copy of the records on CD (delete as appropriate)
Do you require copies of x-rays?	YES/NO (delete as appropriate)

APPLICANT'S DETAILS (if different from the patient)	
Full name (including title)	
Address Postcode	
Telephone number	

DECLARATION (please tick one of the following boxes):	
I am the patient	
I have been asked to act by the patient and I attach the patient's written authorisation	
I have full parental responsibility for the patient and the patient is under the age of 16 and: (a) <u>has consented to my making this request</u> or (b) <u>is incapable of understanding the request</u> (delete as appropriate)	
I have been appointed by the court to manage the patient's affairs and I attach a certified copy of the court order appointing me to do so	
I have a claim arising from the patient's death and wish to access information relevant to my claim	

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 above under the terms of the Data Protection Act 1998 and the Access to Health Records Act 1990

APPLICANT'S SIGNATURE: **DATE:**

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Before returning this form please ensure that you have:

- a) signed and dated this form
- b) enclosed proof of your identity
- c) enclosed the correct fee (if applicable)
- d) enclosed documentation to support your request (if applying for another person's records)

Please send the completed form and documentation to:

Access to Health Records
Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WW

Telephone No: 0116 2585192
Fax No: 0116 2047925
Email: ahlri@uhl-tr.nhs.uk