



South Staffordshire and Shropshire Healthcare

NHS Foundation Trust

Access to Records Act 1990: Access to Deceased Records Request Form

Please note that where the term “**Data Subject**” is used, it refers to the person about whom the information is being requested.

1. Details of person requesting the information.

Full Name

Relation to the data subject.....

Address.....

.....Postcode.....

Tel No.....Mobile No.....

E-Mail.....

Date of Birth:NHS Number.....

2. Details of the Data Subject

Full Name

Address.....

.....Postcode.....

Tel No.....Mobile No.....

E-Mail.....

Date of Birth:NHS Number.....

3. Request details (please complete as necessary)

I have a claim arising from the patient's death and wish to access information relevant to my claim on the grounds that;

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Please provide documented evidence of your claim with the completed form.

I am the deceased patient's personal representative (executor or administrator of the deceased person's estate) **Please enclose a copy of proof of identity and probate**

Please describe the information you seek, together with any other relevant information. This will help to identify the information you require.

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Note:

We will comply with the request within 21 days where the record has been added to in the last 1 month, and within 1 month otherwise.

The request will not commence until we are satisfied all the relevant information has been provided.

4. Declaration

I (print name),..... certify that the information given on this application form to the best of my knowledge and belief is true. I understand that it is necessary for the organisation to confirm my/Data Subject's identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signature.....

Date

5. Please return the completed form to

Health Records Manager
Access to Records
South Staffs and Shropshire NHS
Mellor House
St George's Hospital
Corporation Street
Stafford
ST16 3SR