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

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

**Details of the patient**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Surname (if different at attendance) |  |
| Date of Birth |  |
| Hospital number (if known) |  |
| NHS number (if known) |  |
| Home address at attendance |  |
| Home address now (if different from at time of attendance) |  |
| Email address |  |
| Telephone number |  |

**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 patient

□ I have been asked by the patient to apply and have attached the patient’s written authorisation

□ I am acting in *loco parentis*and the patient is under 16 years of age

If you are **not** the patient, please provide 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.

|  |  |
| --- | --- |
| Requester type | Required documents |
| I am the patient requesting records | * Valid ID (e.g. driving licence or passport) |
| I am requesting records on behalf of the patient | * Valid ID of the patient; and * Valid ID of the requester; and * A letter of authority signed by the patient authorising the requester to access the records **or** Power of Attorney detailing the requester with authority for the patient’s affairs |
| I am a parent or someone with parental/ guardian responsibility requesting records of a child (under 16) | * Valid ID of the requester * Birth Certificate, adoption certificate or other legal document detailing requester has parental/guardian responsibility for the patient |
| I am from a law firm | * A letter of consent |

**Informative**

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

* [subjectaccess@gstt.nhs.uk](mailto: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, for complex requests we may extend the deadline up to 3 months.