NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

Application for Access to Medical Records on behalf of another person

Please complete this form in capital letters using black / dark ink. To assist us process your request in a timely manner please provide as much information as possible in each section.

Completed forms and proof of identification should be sent **access.disclosure@sthk.nhs.uk**

It is requirement that your records must be sent via a safe and secure format. Therefore, you will receive your information via secure email, please ensure you provide your preferred email address for the disclosure of your records.

Section 1 - Personal Details of whose information is requested

<table>
<tr><td colspan="2">Surname:…………………………………………………………………………………...

First Name:….………………………………………………………………………….....

Middle Name/s:……………………………………………………………………………</td></tr>
<tr><td>Date of Birth:</td><td>Hospital No (if known)::</td></tr>
<tr><td colspan="2">Contact Number:……………………………………………………………………………
Email Address:…………………………………………………………………………….</td></tr>
<tr><td colspan="2">Address Including Postcode:
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………</td></tr>
<tr><td colspan="2">If the person's name and/or address were different from the above during the period/s for which you are applying, please provide details:

Previous name/s with dates: ………………………..………………..…………………..

Previous address/s with dates:………………………………………………………………
…………………………………………………………………………………………………..</td></tr>
<tr><td colspan="2">What is this information to be used for?
……………………………………………………………..…………………………………….
…………………………………………………………………………………………………….</td></tr>
</table>

Are you aware if the person whose record you are requesting has previously been adopted: Yes / No
If so please provide us with any relevant information such as the date and their previous name:-
…………………………………………………………………………………………………
…………………………………………………………………………………………………

Section 2 – Access and Records

Details of treatment for which you are applying for access. Please provide as much information as possible including name of consultant and dates of treatment.

Date attended	Hospital	Type of Attendance	Ward or Clinic	Consultant

Section 3 – Declaration

I declare that I am acting on behalf of ……………………………………………… named in this application and that I am duly authorised to make this application, and that the information given on this form is correct to the best of my knowledge.

I enclose the following evidence to confirm my identity* *Please do not send originals as these cannot be returned, copies only.

Signature………………………………………………………………………………...
Date…..……………..…………………………………………………………………….
Name of Applicant (Block Capitals)…………………………………………………
Address including postcode…..……………………………………………………..
……………………………………………………………………………………………..
Email Address………………………………………………………………………..

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Section 4 – Authorisation - Capacity (if applicable)

To be completed by all patients irrespective of their age including young people and children who are capable of understanding and taking decisions about their own treatment.

I declare that I am the patient named in this application and that I am duly authorised MWL to release details of my medical records / information as specified in this application to:

………………………………………………………………………………………………..
who is acting on my behalf.

Signature……………………….………………………………………………………...
Date…..……………..……………………………………………………………………….
Full Name (Block Capitals)……………………………………………………………

Please note:
Once your completed application has been received into the department with any required supporting Documentation, we will aim to process your request within one calendar month.

Section 5 - Proof of Identity

Please supply a photocopy of one document from sections A, B and C to support your application.

A. Confirmation of name
- ☐ Driving licence
- ☐ Passport
- ☐ Bus Pass
- ☐ Birth certificate

B. Confirmation of address
- ☐ Recent (less than 6 months) utility bill (gas, electricity, council tax or water services)
- ☐ Recent (less than 6 months) mortgage/bank statement/ DWP benefit statement / pension statement

C. Confirmation of entitlement (not relevant where section 4 is completed)
- ☐ Power of Attorney
- ☐ Court Order
- ☐ Birth Certificate (confirming parent information)

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Privacy Notice

The Trust Privacy Notice explains in detail the type of personal data that we, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), process about you. What we do with the information that we collect and hold about you and why we might need to share it with other organisations involved in the delivery of your care.

Please refer to our Privacy Notice should you wish to know more on how your data is used by the Trust.