

Southport & Ormskirk Hospital

NHS Trust

Application for access to Medical Records held by Southport and Ormskirk Hospital NHS Trust

PLEASE COMPLETE THIS FORM CLEARLY & IN BLOCK CAPITALS

A copy of a form of photo identification is required for all access requests (e.g. passport, driving licence Nus card). For all requests a copy of a utility bill or bank statement no more than 3 months old will also be required to confirm address. These will be destroyed once the request is closed.

The Trust has **one month** to respond to this application, from date of receipt.

Patient Details (record to be accessed)	
Patient Name	Mr / Mrs / Miss / Other
Previous Surname (If applicable)	
Date of Birth	
Address	
Post Code	
Contact Telephone Number	
Hospital Number (If Known)	

Details of Records Required (Please be as specific as possible)	
	Dates of Interest:
If you require Radiology (X-Ray) please tick: Radiology reports <input type="checkbox"/> Radiology images on disk <input type="checkbox"/>	

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Details of person making the application	
Full Name	Mr / Mrs / Miss / Other
Address	
Post Code	
Contact Number	

Declaration (Please select from the below)	
I am the patient	<input type="checkbox"/>
I have legal parental responsibility/ next of kin for the patient, who is under 13 or has consented to me making this application	<input type="checkbox"/>
I am acting on behalf of the patient with their written and signed consent	<input type="checkbox"/>
I am acting on behalf of the patient, I have power of attorney (Health & Welfare)	<input type="checkbox"/>
I am applying on behalf of the deceased patient	<input type="checkbox"/>
I am applying on behalf of the deceased patient, have a claim arising from their death and wish to access the information relevant to my claim on the grounds of (Please detail):	<input type="checkbox"/>
.....	
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Please note that it is an offence under section 55 of the Data Protection Act 2018 to unlawfully obtain information.

I declare that the information provided on this form is correct to the best of my knowledge. I confirm that I am entitled to make this application.

Name of Applicant:.....

Signature:.....Date:.....

Name of Patient (If applicable):.....

Signature:.....Date:.....

Please send the completed form and documentation to: Access to Health Records, Southport and Ormskirk Hospital, Town Lane, Kew, Southport, PR8 6PN. If you require assistance please call 01704 704616 or email soh-tr.access-to-health@nhs.net