**Application to Access a Deceased Patient’s Health Record**

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| **Section 1 – Your Details** | |
| Please refer to our information sheet if you have any queries in relation to the supporting documents required | |
| Mr-Mrs-Ms-Dr-Other |  |
| Forenames |  |
| Surname |  |
| DOB |  |
| Full Address |  |
| NHS No. |  |
| Contact Number |  |
| E-mail Address |  |

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| **Section 2 –Deceased Patient Details** | |
| Please refer to our information sheet if you have any queries in relation to the supporting documents required | |
| Your Relationship with the Deceased |  |
| Mr-Mrs-Ms-Dr-Other |  |
| Forenames |  |
| Surname |  |
| DOB |  |
| DOD |  |
| Last Known Address |  |
| NHS No. |  |
| Last Registered GP |  |
| Please specify if you require a full copy or if you require entries from a specific time period |  |

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| **Reasons for Request** | |
| Please select the appropriate statement by ticking the box (Copies of selected documents will need to be provided to support this application) | |
| I am the personal representative of the person named in section 2 and I am named on the Grant of Probate / Letters of Administration / Last Will and Testament |  |
| I held the Lasting Power of attorney for the patient prior to their death |  |
| I am pursuing a claim that has arisen from the death of the person named in section 2 |  |
| Other – Please provide a brief outline of your reasons for requesting these records |  |

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| **Record Information** | |
| Please specify how you would like to receive the requested record by using the applicable tick box. | |
| I wish to receive a copy of the record via recorded postal delivery |  |
| I wish to receive a copy of the record via secure e-mail |  |
| I wish to collect a copy of the record from NWSSP |  |

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| **Declaration** | |
| I confirm that I am not aware of any reason why the medical records of the patient named in section 2 cannot be released.  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 deceased patient’s health record as referred to above, under the terms and conditions of the Access to Health Records Act 1990.  **I understand that I may find the contents of the records received to be harmful or upsetting**. | |
| **Sign & Date** |  |

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You can also send your completed application to us at; **nwssp\_primarycareservices@wales.nhs.uk**

If you have any queries, please call us on;   
*Mae PCGC yn croesawu gohebiaeth yn y Gymraeg neu Saesneg  
NWSSP welcomes correspondence in Welsh or English.*