The Access to Health Records Act 1990 gives certain people a right to see the health records of somebody who has died. These people are defined under section 3(1)(f) of that act as 'the patient's personal representative and any person who may have a claim arising out of the patient's death'. A personal representative is the executor or administrator of the dead person's estate.

The law allows you to see records made after 1 November 1991. However, records are usually only kept for three years after someone's death.

You won't be able to see information that could:

- cause serious harm to your physical or mental health, or anyone else's; or
- Identify another person (except members of NHS staff who have treated the patient), unless that person gives their permission.

You won't be able to see the records of someone who made it clear that they didn't want other people to see their records after their death.

If you want to see someone's records, or get copies of them, you should fill in this form.

Fees
As of May 2018, NHS Lothian no longer charges a fee for disclosing data under the terms of the **Access to Health Records Act 1990**.

Response time
NHS Lothian will deal with your request as quickly as possible, and within 30 days of receiving your completed application form. If we have any problems getting the data, we will keep you up to date on our progress.

Points to consider
Accessing health data is an important matter; releasing information may in certain circumstances cause distress. You may want to speak to an appropriate health professional before filling the form in.

Due to the confidential nature of the information held by NHS Lothian, it is essential for us to obtain proof of your identity and your right to receive any relevant information. For this purpose, it is essential that you provide either proof of your identity **or** get the application countersigned. (Section 5)

1 – Provide Two Forms of Identification
Examples of these:

Proof of ID

- Copy of the identification/photographic page from a current passport
- Copy of the identification/photographic section of a current driving licence
- Other forms of photo ID including travel pass, work badge

Proof of Address

- Copy of a recent utility bill or bank statement
- Copy of current rental agreement
- Copy of recent pay slips

2 – Countersignature
A list of who can countersign this form can be found in Section 5.

Send your filled-in form to:

SAR Team Manager
SAR Team
Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh EH16 4SA
Email: Loth.SARTeam@nhs.scot
Tel: 0131 242 3041
Online SAR Portal: https://lothian.ams-sar.com/

Who to contact in the organisation if you have any complaints:

Patient Experience Team
Tel: 0131 536 3370 (open Mon-Fri, 9am to 2pm)
Email: LOTH.Feedback@nhs.scot
Online feedback form: https://www.nhslothian.scot/yourrights/online-feedback-form/
Website: https://www.nhslothian.scot/yourrights/patient-experience-team-tell-us-about-your-experience/

Please fill in this application form using BLOCK CAPITALS and black ink.

Notes to help you fill in the form

Personal information
Personal information is information we hold in medical records, patient administration and information systems, clinical systems, and other databases or files. We may hold personal information on paper or on computer.

Health professionals
An appropriate health professional may include a hospital doctor, nurse, midwife or health visitor, dentist, optician, pharmacist, clinical psychologist, occupational therapist, dietician, physiotherapist, podiatrist or speech and language therapist.

Type of records asked for
The Access to Health Records Act (1990) covers both manual (paper) and computerised records. Manual records include all the paper health records. Some information about an individual's care may also be held on computer. This will vary from hospital to hospital.

If you want to view original health records, we will invite you to the hospital or clinic at a convenient time, along with a health professional or other appropriate person. If you only want photocopies, these will be provided within 30 days.

If you have only asked for a photocopy of the relevant records, the healthcare professional responsible for the care may invite you to see them so that they can explain the information in the record. You do not have to take up this invitation, but it would be in your best interests to do so.

NHS contacts (section 2)
If the patient contacted NHS services (such as NHS 24) by phone, in section 2 you should give as much detail as possible, including details of the call or calls, dates and times, and who they spoke to.

Declaration (section 4)
The person applying for access must fill in this section.

If you are the Executor Nominate or Executor Dative, please provide us with a certified copy of the Will or document confirming this.

If you are making a claim on the estate, we strongly advise you to seek legal representation and have a solicitor submit this request on your behalf.

When a request is made by a person who may have a claim, you must provide sufficient detail about your claim to show that the claim is **more than speculative**. NHS Lothian must understand:

- the nature of the potential claim;
- how the claim arises out of the death;
- the applicant's connection with the deceased;
- the legal or factual basis of the claim; and
- why the requested records are relevant to your claim.

Please Note: Notwithstanding your right to submit this request, after consideration, NHS Lothian reserves the right to decline requests where it is permitted to do so under applicable legislation.

Section 1: Patient details

Please fill in this section as fully and accurately as you can, with the personal details of the patient this access request is about. This will help us trace the personal information you need.

Last name:		**First name:**			
Address:					
Postcode:		**Date of Birth:**		**Sex:**	
Home Phone Number:					
Other Phone Number:					
CHI (community health index) or hospital number (if known)					

If the person this access is about has changed their name or lived at a different address during the periods of treatment you are interested in seeing information about, please provide these details.

Previous name:		
Previous address:		
Dates from and to:		

Section 2: NHS contacts

Please provide as much information in this section as possible. Give full details of the periods of treatment or care you are interested in. Put the name of the health-service worker in charge of the care (for example, a GP or dentist) for each period of treatment in the 'healthcare professional' column.

NHS centre or centres you went to or contacted	Ward, clinic, department, specialty or service	Name of healthcare professional (if known)	Dates from	Dates to

Section 3: Information you want to access

Give details in the box below of the records or information you want to access.

Please put an X in the appropriate box to show which information you want and the format you would like the information in (discuss this with staff if you are not sure).

Details	Manual (paper)	Computerised
See original records only	☐	☐
Ask for a copy	☐	☐
See records and receive a copy	☐	☐
Radiology (X-Rays, CT/MRI scans etc.)	Provided digitally via portal ☐	

Section 4: Declaration

You must sign this section, and the person you have named in section 7 (the counter signatory) must be present when you sign.

I declare that, as far as I know, the information I have given in this form is correct, and that (tick one box only):

I am the executor/ I am the personal representative of the person who has died and attach confirmation of this.	☐
I have a claim arising from the patient's death and want to access information relevant to my claim. I attach details of the grounds for my claim.	☐

The nature of the potential claim:

How the claim arises out of the death:

Your connection with the deceased:

The legal or factual basis of the claim:

Why the requested records are relevant to your claim:

Signature:	**Print name:**
Address:	
Phone number/email address:	
Date:	

Section 5: Countersignature

☐ I am providing a counter signature

OR

☐ I am providing ID documents

We ask for a countersignature because we have confidential information and we must get proof of your identity and your right to receive any relevant information.

Any of the following can sign.

- A Member of Parliament
- A Member of the Scottish Parliament
- A Justice of the Peace
- A minister of religion
- A professional and qualified person (for example, a doctor, lawyer, engineer or teacher)
- A bank or building society official
- A permanent civil servant
- A Police officer

As the person countersigning, you only need to confirm the identity of the person applying and be a witness when they sign the declaration in section 4. You do not need to see the rest of the form.

In some cases, we may ask the person applying to produce more documents as proof of their identity.

I (write your full name) _____

confirm that I have known (name of the person applying) _____

for _____ years, and I was present when they signed the declaration.

Signature:		**Date:**	/ /
Full Name:		**Profession: (e.g. teacher)**	
Address:			
Postcode:		**Phone number:**	