

## Application for Access to Health Records

(Access to Health Records Act 1990)

### Details of the record to be assessed:

Title: Forename: Surname:

Address:

Postcode:

Date of Birth:

Hospital Number:

Record in respect of treatment for:  
(State condition/illness)

Treatment dates:

### Details of applicant (if different to the above):

Title: Forename: Surname:

Address:

Postcode:

### Declaration

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 health record referred to above, under the terms and conditions of the Access to Health Records Act 1990.

### I am:

(Tick as applicable) :

  
  

The Patient

I have been asked by the patient and attach the patient's written authorisation

I am the legal representative of the patient's estate

Print name:

Date:

Signature: