

## Application for access to information

This form should be used by patients or their representatives to request access to their health records. It may also be used to request access to the health records of a deceased person. Please ensure that you read the supporting guidance "Requesting Access to Information" before attempting to complete this application.

### (A) Details about the patient (who the records relate to)

NHS number:	
Hospital number:	
Date of birth:	
Full name:	
Address: <i>(including postcode)</i>	
Contact no(s):	
Email address:	
I am the patient named above - Please <b>skip to Section C</b> (on the next page)	
I am <u>NOT</u> the patient named above - Please <b>complete Section B</b> (below)	

### (B) Details about the applicant (if different from the patient)

Full name:	
Address: <i>(including postcode)</i>	
Contact no(s):	
Email address:	
Relationship to the patient above:	
Under what authority do you have to request access?	Written consent from the patient
	Parent/guardian of the patient (under 16 years old)
	Power of attorney or other legal document
	Named in the will as executor of the estate
	Granted probate as the administrator of the estate
	Other (please specify):

## (C) Details about the information being requested

Does this request relate to a <b>current or potential claim</b> against University Hospitals Dorset NHS Foundation Trust?	Yes*	
	No	
Does this request relate to a <b>current or potential complaint</b> against University Hospitals Dorset NHS Foundation Trust? (if Yes, please provide the complaints reference number)	Yes*	
	No	

\*This does not affect your right to request access, but may impact on the process that we have to follow and the departments or individuals that we need to involve.

I am happy to receive the information in electronic format**	
I would prefer to receive the information in hard copy format**	

\*\* The format that we are able to supply may depend on how and where the information is held. However, we will make every effort to accommodate your request.

<b>On which hospital site(s) did the treatment occur? (please tick all that apply)</b>	
Royal Bournemouth Hospital	
Poole Hospital	
Christchurch Hospital	

Please provide as much detail as possible about the information that you require. Remember to include any particular dates, clinics, wards, departments or consultants, and any other relevant detail to help us locate the information

## (D) Charges for supplying information

In most cases, we will not charge you for supplying copies of (or allowing you to view) the information requested. However, if this is a complicated, sizeable or repeat request, we are permitted under law to charge an appropriate fee to cover administration costs. Where this applies, the relevant fee will need to be paid before the information can be released to you. If we feel that a charge applies, we will contact you to discuss the details.

## (E) Declaration

I declare that the information provided on this form is accurate and correct to the best of my knowledge, and I understand that it is an offence under Section 170 of the Data Protection Act 2018 to unlawfully request access to personal information.

I understand that I must provide the relevant documents, supporting information and any fee (as outlined above) before any information can be released or viewed under this application.

	<b>The Patient</b> (named in Section A)	<b>The Applicant</b> (named in Section B)
Signature:		
Full Name:		
Date of Application:		

## (F) Before submitting your application

Please read through the guidance document “Requesting Access to Information” carefully to ensure that you send the correct supporting documents with your application. There may be a delay in processing your application if we do not have all of the correct information. You can use the checklist below as a guide:

At least one proof of identity, preferably a photo document	
At least one proof of address (different to the proof of identity)	
Evidence that you have the right of access (if you are not the patient)	
Authorisation to act (if the application is made by a legal professional)	
A copy of the death certificate (if request relates to a deceased patient)	

Please send this application form and your supporting documents to the relevant hospital:

### **Poole Hospital**

Medico-Legal Department  
By post: Poole Hospital, Longfleet Road,  
Poole, Dorset, BH15 2JB

### **Royal Bournemouth or Christchurch Hospitals**

Medico-Legal Department  
By post: Stour Building, Royal Bournemouth  
Hospital, Castle Lane East, Bournemouth, Dorset,  
BH7 7DW

By email:

[uhd.subjectaccessrequests@nhs.net](mailto:uhd.subjectaccessrequests@nhs.net)

If you have any queries regarding your request for access, or need help with completing the application form, please use the contact details given above. Please also refer to the guidance document “Requesting Access to Information.”