Information Governance Office
Information & Records Department

Dear Sir/Madam

The Data Protection Act 1998 (DPA), among other things, gives everyone the right to access to their own personal information.

To request access to Health and Social Care records held by the Trust, please find attached the relevant ‘Application Form’ (2 pages). A letter of application is also acceptable (e.g. from Solicitor’s office) but it should provide us with all necessary information to allow us to search for the records and, where appropriate, provide written authority to access the records.

Please include as much detail as possible about the records being requested e.g. type (hospital, social work, etc.), dates, etc.

All requests will be processed through our Information Governance office in Omagh (see address on the Form). The completed Application Form or letter of application should be returned to this office along with:

- A valid form of identification (e.g. driving license, birth certificate, medical card, ID card, passport - originals will be returned to you)
- If the application is from someone other than the patient/client, signed consent from the patient/client; or documentation indicating that you are acting as personal representative and are entitled to access this information.
- The relevant fee (*fees revised April 2011*). If you are not sure what fee applies, please contact the address on the Application Form before sending your payment.

To ensure delivery of your application, please make sure that the correct amount is paid for postage, particularly if you are sending original documents. This office will not be responsible for applications not delivered due to incorrect postage paid.

We would advise that the 40 days, allowed under DPA, to process your request will not commence until we receive the Trust fee and all necessary documentation / information.

If you have any queries about completing this form, or about our procedures for processing requests, please do not hesitate to contact us at the address on the Application Form.

Yours Sincerely

________________________________________________________________________

Information Governance Office
Access to Personal Health & Social Services Records

Use this Form to apply for access to your personal records or to authorise someone else to access records on your behalf

Please see separate Form for 'Access to a Deceased Patient's or Client's Records'

(The relevant fee [see below] and a valid form of identification should accompany all requests)

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**Patient / Client Details** (details of the person to whom the records relate): -

Surname: ……………………………………
Forename(s): …………………………………………………

Date of Birth: ………………………………
Previous Name(s): …………………………………………………

Address: ……………………………………………………………………..….
…………………………………………………………………..….
Tel. No: ……………………………….

Previous Address(s): ……………………………………………………………………..….
…………………………………………………………………..….

Hospital Number (if known): ………………………………

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**Please give full details of the records you wish to access** (the name of ward, doctor, service or department, or the type of records required e.g. A&E, District Nursing, Social Work, Mental Health, x-rays, etc.)

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Name/ location of hospital or clinic or community service: …………………………………………………

Date of treatment/service from ……/……/…… to ……/……/……

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**FORMAT AND FEE** (revised April 2011) - All cheques / postal orders should be payable to: “Western Health and Social Care Trust”

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee required</th>
<th>Please tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of Social Services notes and records only</td>
<td>£10</td>
<td></td>
</tr>
<tr>
<td>Copy of full Medical Records or other Health Care records (paper records)</td>
<td>£30</td>
<td></td>
</tr>
<tr>
<td>Copy of A&amp;E Department attendance only (provide details above)</td>
<td>£10</td>
<td></td>
</tr>
<tr>
<td>Copy of A&amp;E Department attendance plus additional medical information from follow-up attendances (provide details above)</td>
<td>£30</td>
<td></td>
</tr>
<tr>
<td>Copy of images on disk/CD (e.g. x-rays, photos, scan)</td>
<td>£10</td>
<td></td>
</tr>
<tr>
<td>Copy of a single report/letter from Healthcare file (provide details above)</td>
<td>£10</td>
<td></td>
</tr>
<tr>
<td>A Printout of patient or client information held on a Trust computer system</td>
<td>£10</td>
<td></td>
</tr>
</tbody>
</table>

(Copy of immunisation history will be provided free of charge – via separate process)
Applicant’s details - if not the patient or client to whom the records relate

If you are applying to see records that are not your own, please provide your details:

What is your relationship to the patient/client: .................................................................

Your Surname: ........................................ Your Forename(s):........................................

Your Address:...................................................................................................................

................................................................................................................................. Tel No:........................................

*(this is the address to which a reply or other correspondence will be sent, unless otherwise indicated)*

Please indicate below (by ticking relevant box):

☐ I have been asked to act by the patient/client and their written permission is included

☐ I am acting in parental capacity; the patient/client is under the age of 16 years and is:
  incapable of understanding the request * OR has consented to my making this request *
  (* delete as appropriate)

☐ The patient/client is over the age of 16, however is incapable of understanding the request
  and I therefore act as personal representative in his/her interests.

Consent of the patient or client to authorise release of his/her records to someone else

I hereby authorise the Western Health and Social Care Trust to release the records detailed on this
application form to ________________________________ (representative) and I declare that I am
entitled to request this release as the patient/client involved.

Signed: ________________________________ Date: ________________________________

(patient/client)

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to
request access to the records detailed on this application form. I will be responsible for the security and
confidentiality of any Health and Social Care records that are photocopied and supplied to me.

__________________
Print Name (Applicant)

__________________
Signed

__/__/____
Date

Please return this completed form, along with your payment, your identification and any other documentation to:

Information Governance Office, Main Building,
Tyrone & Fermanagh Hospital, 1 Donaghanie Road,
Omagh, Co. Tyrone, BT79 0NS (Tel. 028 8283 5440)

Internal use only:
☐ Consent received
☐ Correct fee received
☐ Identification checked
Initials: __________ Date: __/__/____