

# Subject Access Request Form – Deceased Records



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

## Section 1: Right of Access – (evidence required)

I am the executor/ administrator for the estate of the person who has died	
I have a claim arising from the patient's death and want to access information relevant to my claim	

## Section 2: Patient Details

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

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>Date of Birth:</b>	
		<b>CHI (community health index) (if known)</b>	
<b>Postcode:</b>			

If the person this access request 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.

<b>Previous name:</b>		
<b>Previous address:</b>		

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## Section 3: Information you want to access

Give details in the boxes below of the records or information you want to access. E.g ward, clinic, departments or services. Also give full details of the periods of treatment or care you are interested in.

Ward, clinic, department, specialty or service	Dates from	Dates to

## Section 4: Declaration

You must sign this section and get it countersigned. The counter signatory should be present when you sign.

**I declare that the information I have given in this form is correct and that I am the executor/ administrator of the estate or have a claim against the estate.**

**I enclose evidence of my right to receive this information.**

<b>Name: (Please print)</b>		
<b>Signature:</b>		<b>Date:</b>
<b>Address and postcode we should send a reply to:</b>		
<b>Contact phone number:</b>		
<b>Email Address</b>		
<b>Relationship to patient:</b>		

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The information we hold is confidential and we must get proof of your identity and your right to receive any relevant information. There are two ways you can do this, **please place a tick in the relevant box next to your preferred option:**

## **1 – Provide One Form of Identification (ID) ☐**

We require proof of identification and current address. The following is a list of documents we will accept

### 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

**Please do not send original documents.**

**Any financial details can be redacted (blacked out) or removed.**

**OR**

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## 2 - Countersignature ☐

The other way to confirm a person's identity is by providing a countersignature.

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

**A family member or relative should not be asked to sign.**

In some cases, we may ask the person applying for 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.

<b>Signature:</b>		<b>Date:</b>	/	/
<b>Full Name:</b>				
<b>Profession (for example teacher)</b>				
<b>Address:</b>				
<b>Postcode:</b>				
<b>Phone Number:</b>				

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## Section 5: Further Information

If the criteria in section 1 of the application do not apply to you and you would still like to access records of a deceased person, please provide details of why you require access in the box below:

**Please note that access is not an automatic right and applications will be considered on a case by case basis. In extreme circumstances we may release the last episode of care to applicants who do not meet the criteria.**

### Releasing information

Keeping personal information confidential and secure is extremely important to us.

We use Movelt Transfer, NHS Scotland's Secure File Transfer Service to send documents. Documents are sent via email through the system. Documents sent through this system are fully encrypted and will temporarily held in a Microsoft datacentre within the EU.

For more information on how NHS Orkney uses your personal data please visit:

<https://www.ohb.scot.nhs.uk/your-information-and-how-we-use-it>

**Send your filled-in form to:**

Email: [ork.dp@nhs.scot](mailto:ork.dp@nhs.scot) or post:  
Freedom of Information Officer  
NHS Orkney  
The Balfour  
Foreland Road  
Kirkwall  
Orkney  
KW15 1NZ