**Appendix A**

**Application for Access to Health Records** (In accordance with the Data Protection Act 1998)

**Please complete this form in BLOCK CAPITALS and in black ink, and return to oh *Occupational Health and Wellbeing*.**

**The PATIENT'S details:**

Surname: ................................................... Forenames: ............................................

Current address: ....................................................................................................................................

.....................................................................................................................................

Post code: ....................................................... Date of birth: ....................................

Tel (home): .......................................Tel (work/day): …………….…………................

Email: …….............................................................................................................................

If the patient's name and/or address has changed from that given above during the period(s) to which the application relates, please give details here:

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**Do you require copies of the records? Yes /No**

Please provide dates and OH professionals involved (if known). Please provide as much information as possible (continue on a separate sheet if necessary).

Dates of interest: ......................................................................................................................................

OH Professionals of interest: …………………………………………………………………………………………………

Other relevant information to help us identify the records:

……………………………………………………………....................................................

………………………………………………………………………………………………..…

…………………………………………………………………………………………………..

Name and address to which the copied records should be sent:

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…………………………………………………………………………………………………

**Declaration and authorisation**

I declare that the information I have completed on this form is correct to the best of my knowledge and that:

(\*please delete below as appropriate:)

• \* I am the person named overleaf (NB please complete Section one below)

• \* I am acting on behalf of the person named overleaf (NB please complete Sections one AND two below)

• \* I am the next of kin - for information relating to deceased patients only (NB please complete Section three)

Please note that it is an offence under Section 55 of the Data Protection Act to unlawfully request information.

**Section 1** (if you are the person named overleaf or are acting on behalf of the person named overleaf). **NB Please attach a COPY of your driving licence, passport, birth certificate or utility bill.**

I (insert full name in BLOCK Capitals)

.......................................................................................................................................

Certify that I am the person named overleaf.

Signed: .............................................................. Date: .................................................

**Section 2:** (If you are acting on behalf of the person named overleaf, NB you also need to complete section one)

I (insert full name in BLOCK Capitals)

.......................................................................................................................................

have consent from the person named in section one to act on their behalf.

Signed: ........................................................ Date: .......................................................

**Section 3:** (If you are the next of kin - for information relating to deceased patients only). **NB Please attach a COPY of the death certificate.**

I (insert full name in BLOCK Capitals)

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certify that I am the next of kin to the person named overleaf.

Signed: .......................................................... Date: .....................................................

Please return this completed form and any requested documentation to:

**oh *Occupational Health and Wellbeing*, Box 172, Cambridge University Hospitals, Hills Road, Cambridge, CB2 0QQ.**