

# 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 the completed form and any requested documentation to:

Ms Lynne Dewhurst  
National Haemophilia Database Administrator  
City View House  
Union Street  
Ardwick  
Manchester M12 4JD

Tel: 0161 277 7924

### Charges payable:

- In accordance with the Data Protection Act 1998, there will be a maximum charge of £50.00 for copying records.
- **The fee payable for records from the National Haemophilia Database is £10.00**
- In accordance with the Data Protection Act 1998, information relating to deceased patients will be charged under the Access to Health Records Act 1990.

### The PATIENT'S details:

Forename:	
Surname:	
Address:	
Post code:	
Date of birth:	
NHD number (if known)	
NHS Number	— — — — — — — — — —
Tel (work/day)	

Name and address to which the copied records should be sent (if different from that named overleaf):

Forenames:	
Surname:	
Address:	
Post code:	

**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 tick box below as appropriate)

*	I am the person named overleaf	Please complete Section one
*	I am acting on behalf of the person named overleaf	Please complete Sections one <i>AND</i> two
*	I am the next of kin - for information relating to deceased patients only	Please complete Section three

**N.B** Please note that the request for a copy of health records will not automatically include the data held on the vCJD status of the patient **UNLESS** this information is specifically requested. This is due to many patients opting **NOT** to be told whether they received an implicated batch or not.

**Would you like the vCJD data to be included with the records? YES  NO**

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: .....

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**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: .....

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

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

**Fee payable:**

- The fee payable for this service is £10.00. The cheque / postal order should be made payable to 'UKHCDO Ltd'.

**Please return the completed form, any requested documentation and a cheque / postal order for £10.00 to the National Haemophilia Database Administrator (see page one)**