

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

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:

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

Signed: Date:

Please return the completed form and any requested documentation to the National Haemophilia Database Administrator (see page one)