

This document confirms the proof of identification you will need to supply to gain access to your own or another person's medical records.



North West Anglia
NHS Foundation Trust

- If you are applying to access **your own health records**, you require one form of identification from both sections A and B.
- If you are applying to access **someone else's health records** and the patient **is under 13 years old** or **the person does not have the mental capacity** to manage their affairs, you require one form of identification each from sections A, B and C.
- If you are an **organisation requesting** access on behalf of a patient, you require a consent form as confirmed in section D.
- If you are a **police force requesting** access on behalf of a patient, you require both documents in section D, unless the patient is unable to sign the consent form.
- If you are the **Executor of a deceased patient's estate**, you will need to supply documents as confirmed in section A, B and E.

By making this application you confirm the information given is correct and that you are entitled to apply for access under the terms of the Data Protection Act 2018, General Data Protection Regulations (UK). You are also confirming that you understand that it is necessary to confirm your identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

A – Confirming your name	B – Confirming your address	C – Applying for another person's medical records	D – An organisation requiring consent	E – Applying for deceased patient's medical records
<ul style="list-style-type: none"> • Full Driving License • Passport • Full Birth Certificate • Adoption Certificate • Marriage or Civil Partnership Certificate • NHS Identity Card 	<ul style="list-style-type: none"> • Utility bill • Bank statement • Benefit Book • Council Tax Bill • Mortgage Statement • Tenancy agreement 	<ul style="list-style-type: none"> • Health and Welfare Lasting Power of Attorney • Full birth certificate or adoption certificate of the child if under 13 years old • Full marriage certificate of parents if details not on the Birth certificate • Full certificate of adoption if the patient is under 13 years old • Signed declaration from the Data Subject (patient) themselves if the patient has capacity and is over 13 years old • Court of Protection Order appointing you as a personal deputy for the personal welfare of the Data Subject 	<ul style="list-style-type: none"> • Consent form signed by the patient • Signed 212 Form (Police Only) 	<ul style="list-style-type: none"> • Will stating that you are the executor of the deceased's estate • Probate form stating that you are the deceased's personal representative