NHS
Cumbria Partnership
NHS Foundation Trust

Application for Access to Health Records or Other Personal Information

General Data Protection Regulation

(Please Note: There is a separate form for Deceased Patient Records)

Please complete this form and return it with any required paperwork (see form) to:

Access to Records Team
Information Governance Department
Maglona House, Kingstown Broadway
Carlisle CA3 0HA

Details of the Patient/Individual whose records are being requested:				
Surname:				
Forename(s):				
Address (including postcode):				
Telephone Number:				
If required, can the Trust contact you by telephone to discuss your request:	YES		No	
Date of Birth:				
NHS Number:				
Type of records to be accessed:				
Name of the Health Professional(s) who you/the patient have seen: *(ie names of doctors, nurses, psychologists, physiotherapists etc if known*.)				
Name of the Service(s) that you/the patient accessed: *(i.e. Mental Health, District Nursing, Physiotherapy etc.)*				
Please say which records you wish to access: *(e.g. In patient mental health records, learning disability services records, general community, non-medical personal information)* and what dates, e.g. records made between Jan 18 to date				

If you are the patient/person applying for your own records - please sign the 'Declaration by Patient/Person applying for their own records' section on the top of the next page.

If you are **not** the patient whose information is being requested and you wish to apply on behalf of someone else, please sign the 'Declaration by Applicant' section on the next page.

Declaration by Patient/Person applying for their own records:					
I, _____ *(your name)* declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to my health records/personal information referred to on page one. I enclose copies of the following as identification to confirm name, date of birth, address and signature.					
☐	**Copy** of a Utility Bill	☐	Passport (**copy** photograh page)	☐	Driving licence (**copy** of photograph licence)
(Please note: please do not send the original document, a good copy will suffice)					
Signed: _____ Dated: _____					

Declaration by Applicant (ie if you are not the patient/person whose name is on page 1):			
Surname of Applicant:		First Name of Applicant:	
Address of Applicant (including postcode):			
Telephone Number			
Can the Trust contact you by telephone to discuss your request?	YES		NO
The Applicant should include a copy of their own identification as below:			
☐	**Copy** of a Utility Bill	☐	Passport (**copy** of photograph page)
☐	Driving licence (**copy** of photograph licence)		
Please tick the relevant box below to confirm authority request is being made under:			
☐	I am a person authorised in writing by the patient/individual *(see below).*		
☐	I am a person who has parental responsibility for the child named on page 1 *(attach a copy of the child's birth certificate – **full copy with parent's name(s) included**).*		
☐	I am acting for a patient who lacks capacity *(attach proof of authority e.g. Court of Protection documents showing enacted Lasting Powers of Attorney- **Personal Welfare**/or appointment as Litigation Friend)*		
Applicant's Signature:		Date Signed:	

Authorisation by Patient/Person for Applicant to act on their behalf			
Patient/Person's Name:			
Patient Address: (including postcode)			
Relationship to Applicant:			
Patient/Person's Signature:		Date Signed:	
I hereby authorise Cumbria Partnership NHS Foundation Trust to release my personal data as specified on this form to the named applicant. I understand that I can withdraw my consent at anytime by contacting the Access to Records Team.			