

ACCESS TO HEALTH RECORDS

This form is to be used by individuals who wish to find out what information, if any, Central London Community Healthcare NHS Trust holds or is processing that relates to them, including health records.

The information you provide will help CLCH satisfy itself as to your identity and locate any data held about you.

This electronic form will allow you to add text.

Section 1 - Patient Information	
Patient's Name (inc title):	
Date of Birth:	
NHS Number (if known):	
Please provide your preferred contact details:	
Contact Telephone Number:	
Current Address and Postcode:	
Email address:	
If you are applying to access to someone else's records, please provide your own details below and complete section 2:	
Full Name (inc title):	
Current Address and Postcode	
Relationship to the patient:	
Details of service you accessed:	
Name of Clinic/service:	
Address/ Location:	
Time period:	
You can provide additional information to speed up the handling of your request such as specific details of the time periods, treatment, parts of the records you require and any other details which you feel are relevant (e.g. Clinician's name; location of treatment;) –	

section 2:	
Patient has mental capacity [complete section 2.a]	Patient does not have mental capacity [complete section 2.b]
section 2a: Patient's Consent	
Patient authorisation of medical records to be released to third party:	
I [Patient's Name]	hereby authorise
[Patient's Name]	
[Patient's Name]	
To have access to my medical documentation relating to	
[Service accessed & time period]	
Signed	Date
section 2b: Evidence required	
Please provide us with any of the following evidence:	
Childs Record:	
Birth Certificate & A copy of Photo ID & proof of Address	
A copy of evidence of Guardianship & A copy of Photo ID & proof of Address	
Adults Records:	
Power of Attorney of Health & A copy of Photo ID & proof of Address	
Evidence of Next of Kin relation & A copy of Photo ID & proof of Address	

Once you have completed this form, please post it to:

Central London Community Healthcare NHS Trust
 Christopher Ward, St Charles Centre for Health & Wellbeing, Exmoor Street,
 London
 W10 6DZ

Alternatively, you can email the form to clchig@nhs.net but however you must be made aware this email route is **unsecure**.

If you wish to email us the form securely, you can follow the steps below; however, if you do not wish to take this route, we will still accept your request.

Direct Line: 0208 102 5005

Email: clchig@nhs.net

1. Please send an email to clchig@nhs.net informing them that you wish access health records.
2. The staff member will then send you an NHS Mail encrypted link.
3. Once you receive the encrypted email, click on the link.
4. The link will take you to a page to register to the encryption site.
5. You will then be able send this form and copies of proof of ID etc securely
6. Our staff will receive your information securely and continue any further correspondence through this encryption site.

For more information on how to access encrypted link, please go on to the website link below:

<https://s3-eu-west-1.amazonaws.com/comms-mat/Training-Materials/Guidance/accessingencryptedemailsguide.pdf>