



APPLICATION FOR ACCESS TO RECORDS FORM

**GENERAL DATA PROTECTION REGULATIONS/DATA PROTECTION ACT 2018
ACCESS TO HEALTH RECORDS (NI) ORDER 1993**

Please fill in the application form below in BLOCK CAPITALS

Please tick as appropriate:

I am requesting access to my own personal records. Please complete Sections A,C and D	<input type="checkbox"/>
I am requesting access to records belonging to another living individual. Please complete Sections A,B,C and D	<input type="checkbox"/>
I am requesting access to records of a deceased person. Please complete Sections A,B,C and E	<input type="checkbox"/>

SECTION A: APPLICANT'S DETAILS (if different from Section B below)

Surname:	
Forename(s):	
Previous Surname:	
Title (please circle)	Mr, Mrs, Miss, Ms, Dr (please circle)
Address	
	Postcode:
Previous Address, if applicable	
	Postcode:
Telephone No:	
Date of Birth:	
Health and Social Care No:	
Relationship to Person in Section B	

SECTION B: DETAILS OF PERSON WHOSE INFORMATION IS REQUESTED

Surname:	
Forename(s):	
Previous Surname:	
Title (please circle)	Mr, Mrs, Miss, Ms, Dr (please circle)

Address	
	Postcode:
Previous Address, if applicable	
	Postcode:
Telephone No:	
Date of Birth:	
Health and Social Care No:	

SECTION C: DETAILS OF REQUESTED INFORMATION

To help us identify the records promptly, please complete the following as far as you can giving as much information as possible regarding the records you are requesting:

Incident Information

Date of Incident	
Address of Incident	
	Postcode:
Nature of Incident	

Following attendance at a 999 incident or other call types, the Trust holds information relating to a patient including call records and medical records (known as a Patient Report Form). Please (✓) as appropriate which records you are looking to source:

999 Call Record made at time of incident (not releasable in all cases)	
Records relating to time of call, arrival of ambulance etc	
Patient Report Form (medical record completed by attending staff)	
Other (please detail):	

Other Records (Please tick and provide further information on dates etc

Type of Record	Appropriate dates of involvement
Complaints File	
Disciplinary File	
Grievance File	
Interview Booklets	

If the information cannot be released to you under the above legislation, this will be fully explained to you. All HPSS staff have a duty of confidence to ensure that any personal information held on members of the public (which includes medical records and personal “non-health” information such as patient’s or client’s name and address or details of his or her financial or domestic circumstances) is not used for a different purpose or passed to anyone else without the consent of the provider of the information or someone formally appointed to act on their behalf.

Form to be returned to:

**Corporate Manager
Finance and ICT Directorate, Information Department
Northern Ireland Ambulance Service
Site 30, Knockbracken Healthcare Park
Saintfield Road
Belfast,
BT8 8SG**

Email: dataprotection@nias.hscni.net

Section D – Authorisation and Identification. Please note acceptable forms of proof of identity include copy of passport, driving licence, electoral card etc	
Please select 1, 2 or 3 from the below (tick as required):	
1. I AM THE PATIENT	<input type="checkbox"/>
I am the patient and I enclose a copy of my photographic ID	
2. I HAVE PARENTAL RESPONSIBILITY/POWER OF ATTORNEY FOR THE PATIENT/CLIENT	<input type="checkbox"/>
I have parental responsibility or power of attorney to manage the patient/clients affairs and I am acting in the best interests of the patient/client. I enclose a copy of photographic ID for myself and the patient.	
And	
The patient has consented to me making this request (please enclose written consent from the patient/client and copy of power of attorney document, if appropriate)	
Or	
Is incapable of understanding the request (please state why the patient/client is incapable of understanding the request). Please enclose copy of power of attorney document if appropriate	
3. I AM ACTING AS AN ADVOCATE ON THE PATIENT/CLIENT’S BEHALF	<input type="checkbox"/>
I have been asked by the patient/client to act on their behalf and enclose written and signed authorisation from the patient/client and a copy of photographic ID for myself and the patient/client	