

Lilliput Surgery

Application for Access to Medical Records of a Deceased Patient

Access to Health Records Act 1990

Details of the Deceased Patient

Deceased Patient's Surname	NHS Number
Forename(s)	Last Address
Date of Birth	
Date Of Death	

Details of the Person Making the Request

Surname	
Forename(s)	
Address	
Telephone Number	
Relationship to Deceased Patient	

It is the Practice's intention to be as helpful as we can with this request. However, The Doctor does have an ongoing duty of confidentiality to the deceased patient and will consider this request in light of that duty. To ensure these considerations are fully informed please provide the following information. The Doctor will then consider the request in light of prevailing legislation and General Medical Council guidelines.

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1. Please specify what information, in particular, you are requesting	
2. Please briefly explain the purpose for your request	
3. Please indicate if you are the executor of the deceased Patient's estate	<i>(Please delete one of the following , as appropriate)</i> <input type="checkbox"/> I can confirm I am the executor of the deceased patients' estate. <input type="checkbox"/> I am not the executor of the deceased Patient's estate. <i>(if you are not the executor please also complete box 4)</i>
4 . If you are not the executor please provide the name and contact details for the executor so that they may be contacted regarding this request.	
Name:	
Address:	
Telephone Number:	
Please sign and date this form – before returning it to one of the Reception Team The GP will then respond to your request. This is unlikely to take less than 14 working days.	
Signed	
Date	