

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

- 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 the **Executor of a deceased patient’s estate**, you will need to supply documents as confirmed in section E.
- If you are **not the Executor of the deceased patient’s estate**, you require one form of identification from each of sections A, B and F.

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 health records | D – An organisation requiring consent | E - Executor of deceased patient’s Estate | F - Confirming your relationship to the deceased |
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| <ul style="list-style-type: none"> • Full driving license • Passport • Full Birth certificate • Adoption certificate • Marriage or Civil Partnership certificate • Current Blue Disabled Driver’s Pass | <ul style="list-style-type: none"> • Utility bill, except mobile phone bill, (not older than 3 months) • Bank statement (not older than 3 months) • Benefit Book • Council tax bill for the current year • Mortgage statement for the current year • Tenancy agreement • Hostel registration certificate • HC2 certificate • HMRC Self assessment letter or tax demand dated the current year | <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. • Parental Responsibility Order 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. | <ul style="list-style-type: none"> • Confirmation of appointment as Executor of Estate (Certified copy of Letters of Administration or Grant of Probate). | <ul style="list-style-type: none"> • Full birth certificate of the child / or parent • Marriage or Civil Partnership certificate • Full marriage certificate of parents (if details not shown on the birth certificate) • Full certificate of adoption • Parental Responsibility Order • Court of Protection Order appointing you as a personal deputy for the personal welfare of the Data Subject • Last will and testament |