

**APPLICATION FOR ACCESS TO RECORDS**  
**MENTAL HEALTH AND/OR COMMUNITY NURSING SERVICES**

Please complete the following sections in full:

1. **Identity of person who the record is about (the data subject)**

Full Name	Previous Name(s)
Current Address:	Previous Address (with dates of change)
Date of Birth:	NHS Number (if known)
Contact Phone Number:	

2. **What records are required?**

**PHYSICAL HEALTH RECORDS**

**SEE PAGES 3 AND 4 FOR DETAILS OF WHERE TO SEND YOUR REQUEST**

Please state the dates and specific services required, i.e., Dietetics, Podiatry, Speech & Language, Community Nursing, Health Visiting, Audiology, Physiotherapy, etc. Please do not state generally "Community Health" as we need to know where you received services.

**MENTAL HEALTH SERVICES**

**SEE PAGES 3 AND 4 FOR DETAILS OF WHERE TO SEND YOUR REQUEST.**

Please state the dates and services received.

**3. Who is applying for the records? (please tick appropriate box below)**

**I am the person identified above and am applying to see my own records**   
(please go to question 5)

**I am applying for records on behalf of the person identified above**   
(please go to question 4)

**4. Details of person applying for the records if not the data subject**

Full name	Address

**For records of living persons: (please tick appropriate box below)**

**I have been asked to act on behalf of the data subject and attach their written authorisation or a court order stating I have Health and Welfare Lasting Power of Attorney**

**I am the legal parent/guardian of a child under the age of 16 who is unable to understand the request**

**I am the legal parent/guardian of a young person who is able to understand the request and consents to my acting on their behalf**

**For records of deceased persons: (please tick appropriate box below)**

**I am the deceased person's personal representative and attach confirmation of my appointment**   
(a personal representative is the executor or administrator of the deceased person's estate)

**I have a claim arising from the person's death and attach a letter that briefly explains this claim and how it is relevant to the release of the specific health records I have requested**

**5. Declaration of applicant**

I declare that the information given by me is, to the best of my knowledge, correct, and that I am entitled to apply for access to the information referred to above, under the terms of the Data Protection Act 2018 or Access to Health Records Act 1990.

Name: .....

Signature: .....

Date: .....

**6. Where to send your application and proof of ID**

**Inpatient Mental Health**

Medical Records Manager, Medical Records Department, Prospect Park Hospital, Honey End Lane, Tilehurst, Reading, RG30 4EJ.  
[pph.medical.records@berkshire.nhs.uk](mailto:pph.medical.records@berkshire.nhs.uk)

**Community Mental Health Teams**

Please return to the Senior Clinician responsible for your care.

**Child & Adolescent Mental Health Teams**

Please return to the Senior Clinician responsible for your/your child's care.

**Psychotherapy and Psychology Services**

Please return to the Senior Clinician where you received services.

**Physical Health**

The Governance Administrator, Berkshire Healthcare NHS Foundation Trust, London House London Road, Bracknell, RG12 2UT  
[Records.Access@berkshire.nhs.uk](mailto:Records.Access@berkshire.nhs.uk)

## Documentation/Proof of Identity Required

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### **If you are the data subject applying for your own records:**

We require a photocopy of **1** of the following:

Passport  
Driving Licence

**and**

**1** of the following:

Birth Certificate  
Marriage Certificate  
Utility Bill (from the last 3 months)  
Bank Statement (from the last 3 months)  
Rent Book (from the last 3 months)

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### **If you are applying on behalf of an adult data subject with their consent:**

We require a photocopy of **1** of the following about **you**:

Passport  
Driving Licence  
Birth Certificate

**and**

a signed letter of consent from the data subject which states they give you authorisation to act on their behalf **or** a court order stating that you have Power of Attorney over their affairs.

**and**

a photocopy of **1** of the following relating to the **data subject**:

Passport  
Driving Licence  
Birth Certificate

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### **If you are the legal parent/guardian of the data subject:**

We require a photocopy of **1** of the following documents about **you**:

Passport  
Driving Licence

**and**

the Birth Certificate of the **data subject**

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**If you are the personal representative of a deceased person:**

We require a photocopy of **1** of the following documents about **you**:

Passport  
UK Photo Driving Licence

**and**

a copy of the Will stating that you are the Executor of the deceased's Estate or a Probate form stating that you are the deceased's personal representative.

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**If you have a claim arising from a person's death:**

We require a photocopy of **1** of the following documents about **you**:

Passport  
Driving Licence  
Birth Certificate

**and**

a letter from you or your solicitor explaining why you believe you have claim arising from the death, how the records you have requested are relevant to this claim, and your relationship to the deceased.

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**Please note that we reserve the right to ask for additional information/identification in some circumstances – we will inform you if this is the case.**

**In circumstances where the identification listed above is not available the requestor must provide sufficient evidence of their identity for the Governance and/or IT Compliance & Audit Teams to judge whether the person making the request is the individual to whom the personal data relates.**