**AUTHORISATION.**

Part 1 (to be completed by the person whose records are required)

"I give my consent for Peterborough Hospitals NHS Trust to release my personal health records to SWETHA RAVINDRA ..... Who will act on my behalf"

Signature: Shwetha.V ..... Date: 21/07/2016.

Part 2 (in the case of a person under the age of 16 please indicate as appropriate)

a. I certify that the child understands and has consented to my making this request ... ..... ..... ..... ..... ..... ☐

b. Does not understand the nature of this application ..... ..... ☐

Signature of child (if part a. completed .....

Signature of adult: .....

Relationship

Address if different:

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**Section 4.**

Countersignature (to be completed in every case by a person required to confirm your identity)

"I (insert full name) MURALI MOHAN BESTA .....

Of (address) 56, FARROW AVENUE, HAMPTON, PE7 8HT.

have known the applicant for .....6..... years as an * relative/employee / client / patient / personal friend, and I have witnessed the applicant sign this form."

*** Please delete as necessary**

Signature: B. Murali Mohan ..... Date: 21/7/2016.

Print Name: MURALI MOHAN BESTA ..... Title: MR .....

**Section 5.**

Declaration

I declare that the information given on this form is correct to the best of my knowledge and that I am entitled to apply for access to the health record referred to above under the terms of the *Data Protection Act 1998.*

I hereby understand that you may hold personal data relating to other health organisations. In that instance, I understand that this information will only be disclosed to me by your Trust if consent has been obtained from that organisation.

Signature:  Date: 21/07/2016

**********

Please attach proof of identity. This can be in the form of a copy of birth certificate, driving licence or passport etc.

**********

Please return this form to:-

**Access Services**
**Dept No 012**
**Peterborough City Hospital,**
**Bretton Gate,**
**Peterborough,**
**PE3 9GZ**

**********

If you require any further information please contact the Access Services department on direct line 01733 673440/1.

# APPLICATION FOR ACCESS TO PERSONAL HEALTH RECORDS AND INFORMATION

***IN CONFIDENCE***

**Section 1:**

Details of person whose record is required (please complete in block capitals)

Surname: VENKATESH

Forename/s: SHASHIKALA

Title: MRS

Address: 56, FARROW AVENUE, HAMPTON,

Post Code: PE7 8HT Tel. No. 07867262786 / 07581272524

Date of Birth: 18-06-1966 HOSPITAL NO. (If known) D1511 32975

NHS Number (if known) ..... 715 277 3769 .....

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**Section 2**

Please provide as much detail as possible about the records required.

Dates: ~~20th MAY 2016~~ 10 JUNE 2016 .....

.....

Consultant/s: MR. B. RAMSAY, GYNAECOLOGY SERVICES .....

.....

Hospital / Clinic / Ward (if known): WOMEN'S HEALTH OUTPATIENTS

1. **Manual Records**

**Photocopies required** YES ☑ NO ☐

If YES please tick as appropriate:

| | | |
|---|---|---|
| Clinical Notes and Correspondence | YES ☐ | NO ☐ |
| Nursing Records | YES ☐ | NO ☐ |
| Ward Charts | YES ☐ | NO ☐ |
| Results and Investigations | YES ☑ | NO ☐ |

Please specify Results/Investigations required :

RESULTS/ INVESTIGATIONS REQUIRED.

- COLPOSCOPY & VAGINAL ULTRASOUND SCAN.

Other - please state: X-RAYS etc.....

2. **Viewing of Information only** YES ☑ NO ☐
3. **Computerised personal data** YES ☑ NO ☐

(In the main this information relates to administrative details relating to Appointment and Admission episodes)

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**Section 3**

Please tick as appropriate:

I am the patient .... .... .... .... .... .... .... .... ☐

I have been asked to act on behalf of the patient .... .... .... ☑

*(Please also complete Part 1 of the Authorisation section on the following page)*

I am acting in loco parentis and the patient is under the age of 16.... ☐

a. Is incapable of understanding the request .... .... .... ☐

b. Understands and has consented to my making the request.... ☐
*(Please complete Part 2 of the Authorisation section on the following page)*