

REQUEST FOR ACCESS TO HEALTH RECORDS - CHECKLIST

OFFICE USE ONLY
TO BE ATTACHED TO REQUEST FORM

Date Request Received _____ UR Number _____

PROOF OF IDENTITY PROVIDED

Identification/proof of authority of individual (copy attached)
(eg driver's licence, passport)

OR

Proof of relationship to individual provided (parent/guardian/executor etc) if relevant
(eg driver's licence **AND** birth certificate; guardianship paper; legal will if client deceased)

ACCESS APPROVED/DENIED

Access approved → Individual notified in writing (copy attached)
Date _____

OR

Access Denied → Letter sent explaining refusal (copy attached)
Date _____

Name of Staff Member _____

Signature _____