

**SAR2**

**AUTHORITY FOR RELEASE OF HEALTH RECORDS  
OF A DECEASED PATIENT**

(Please print all details and use dark ink)

**SECTION 1: DECEASED PATIENT  
DETAILS**

**Surname** .....

**Former Surname** (if applicable) .....

**First names** .....

**Date of Birth** .....

**NHS Number** (if known) .....

**Former address** .....

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**SECTION 2: PERSONS WHO CAN MAKE A REQUEST UNDER THE ACT**

1. The patient's personal representative (this will be the executor of the will, or the administrator of the estate)
2. Any individual, or their representative, who may have a claim arising out of the patient's death. The applicant or their representative must specify what claim is being made and only information that is relevant to the claim should be considered for release.

**SECTION 3: APPLICANT OR THEIR  
REPRESENTATIVE'S DETAILS**

**Full name** .....

**Address** .....

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**Telephone number(s)** .....

**Relationship to the Deceased Patient**

If you require access to a deceased patients records because you have a claim arising out the patient's death please state the reason for the claim:

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**SECTION 4: FURTHER INFORMATION**

**IMPORTANT:** It would be helpful if you could provide details in the section below informing us which records you require access to, which periods and parts of those records you require, along with details which you may feel have relevance e.g. consultant name and at which medical facility, etc. If you have a claim arising out of the patient's death you should ask for only the relevant information that is required to process your claim.

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**SECTION 5: PROVISION OF INFORMATION**

Please note our usual method of providing access to records is to post copies to your stated address. If you wish to assess records by any other means please tick the relevant box below. We will then contact you in order to try and facilitate this.

Viewing the records at a Trust location

Collecting records from a Trust location

Other (Please specify):  
.....

**SECTION 6: CONSENT**

Tick as appropriate and sign below:

I confirm I am the deceased patient's personal representative and have enclosed evidence of Executor of the Will/Administrator of the estate and one item of evidence that confirms my identity.

I confirm I have a claim arising out of the patient's death and have enclosed proof of my identity and documented evidence of my claim.



Signed .....

Date .....

**Please return the form to:**

The Information Governance Manager  
Leeds Community Healthcare NHS Trust  
Stockdale House  
Headingley Office Park  
Victoria Road  
Leeds  
LS6 1PF

Please mark the envelope "private and confidential"