

ACCESS TO HEALTH RECORDS AUDIT REPORT			
Patient's Name & NHS Number:		ATR Number:	
Details of request being made:		Date Request Received:	
Are there additional archive records? (If Yes, please provide a copy with this audit form) Please delete as appropriate:			Yes / No Not Applicable
Are there additional shared drive records? (If Yes, please provide a copy with this audit form) Please delete as appropriate:			Yes / No Not Applicable
Can the records be released? (Delete as appropriate)			Yes / No
If No, please state the reasons for withholding authorisation to release records (this must include details of the 'significant harm' that the release of these records could cause)			
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Please confirm if any additional redactions have been made to the records? If yes			Yes / No
Please confirm the details of the redactions below, including page numbers:			
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Are there any additional documents that need to be withheld in their entirety?			Yes / No
Please confirm the reason for withholding the documents below, including page numbers:			
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CPG9b - Accessing Health Records Procedure

Signature of Clinician:		Service/ Team:	
Print Name:		Date:	

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