## ACCESS TO HEALTH RECORDS AUDIT REPORT

<table>
<thead>
<tr>
<th>Patient’s Name &amp; NHS Number:</th>
<th>ATR Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of request being made:</td>
<td>Date Request Received:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there additional archive records?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If Yes, please provide a copy with this audit form)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there additional shared drive records?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If Yes, please provide a copy with this audit form)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can the records be released?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any redactions to be made?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please confirm the details of the redactions below, including page numbers:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any documents that need to be withheld in their entirety?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please confirm the reason for withholding the documents below, including page numbers:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Clinician:</th>
<th>Service/Team:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>