

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)			Yes / No
Are there additional shared drive records? (If Yes, please provide a copy with this audit form)			Yes / No
Can the records be released? 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)			Yes / No
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Are there any redactions to be made? Please confirm the details of the redactions below, including page numbers:			Yes / No
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Are there any documents that need to be withheld in their entirety? Please confirm the reason for withholding the documents below, including page numbers:			Yes / No
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Signature of Clinician:		Service/ Team:	
Print Name:		Date:	

