

Form 2 - Confirmation of representation to make a complaint on late patient's behalf

RCHT Ref: _____

1. Patient/service user details (person whose records will be accessed)

Surname _____
 Forename(s) _____
 Date of Birth _____ Hospital No. (if known) _____
 Address _____
 _____ Postcode _____

2. Details of personal representative (usually the executor of the will or administrator of the estate)

Surname _____
 Forename(s) _____
 Address _____
 _____ Postcode _____
 _____  _____
 Relationship to Patient/Service User _____

3. Confirmation of representation

Please provide original or certified copy of:

- i) **Death Certificate** **AND**
- ii) **Deceased patient's personal representative** (✓ which applies)
 - Evidence of being granted power of the Executor of the Will or the Administrator of the Deceased patient's estate **OR**
- iii) **Person making a claim arising out of the patient's death**
 - Documented evidence of claim *ie Letter of Administration granted by High Court*

If you have any concerns about providing the documents required (as listed above); or, if there was no Will, please do not hesitate to contact the Patient Experience Team who will be able to assist and guide you.

 rcht.patientexperience@nhs.net  (01872) 252793

4. Personal representative/person making claim – verification of identification

ID Type - **one** required (*✓ all ID provided/verified*)

Current passport

Photographic driving licence

OR

ID Type - **two** required (*✓ all ID provided/verified*)

Birth certificate

Bank statement (*dated last 3 months*)

Utility bill (*dated last 3 months*)

Council tax bill (*current year*)

Declaration:

I understand it is an offence to attempt to obtain information relating to another person without lawful grounds to do so.

Complainant signature

Date