

NOTICE OF AUTHORISATION

Name in full: **Code A**

Date of Birth: **Code A**

Date of Incident: April 2000

Last Address (including former addresses if changed since incident):

Code A

Hospitals attended, including record numbers, if known:

GOSPORT WAR MEMORIAL - GOSPORT HANTS. RECORD NO. UNKNOWN.
ROYAL HOSPITAL HASLAR - GOSPORT HANTS. PO12 2AA.
RECORD NO. G 102024

I, the undersigned, consent to disclosure of my medical records and x-rays to Alexander Harris, Cheriton House, 51 Station Road, Solihull B91 3RT and to their authorised expert.

Signed... **Code A**

Dated... 16th March 2003

**APPLICATION ON BEHALF OF A PATIENT
FOR MEDICAL RECORDS FOR USE WHEN COURT
PROCEEDINGS ARE CONTEMPLATED**

This should be completed as fully as possible:-

Insert NHS Trust/HA Name and Address

To: Fareham and Gosport Primary Care Trust Gosport War Memorial Hospital Gosport Hants		
1(a)	Full name of patient (including previous surnames)	Code A
(b)	Address now	Code A
(c)	Address at start of treatment	-
(d)	Date of birth	Code A
(e)	Hospital ref no if available	Information not available at the current time
(f)	N.I. Number, if available	Information not available at the current time
2	This application is made because I am considering:	
(a)	a claim against your hospital as detailed in para. 7 overleaf	YES
(b)	pursuing an action against someone else	NO
3	Department(s) where treatment was received	Sultan Ward
4	Name(s) of Consultant(s) at your hospital in charge of the treatment	Information not available at the current time
5	Whether treatment at your hospital was private or NHS, wholly or in part	NHS
6	A description of the treatment received, with approximate dates	Code A was admitted to Gosport War Memorial Hospital for the first time on the 20.03.00 from the Haslar Hospital Accident and Emergency Department. Code A was readmitted to Gosport War Memorial Hospital on the 12.04.00.

7	If the answer to Q2(A) is "Yes", details of the likely nature, and grounds for, such a claim, and approximate dates of the events involved	The Claim is in relation to alleged negligent medical treatment afforded to Code A during his admissions to Gosport War Memorial Hospital during March and April 2000.
8	If the answer to Q2(B) is "Yes" insert: (i) the names of the proposed defendants	
	(ii) whether action yet begun	NO
	(iii) if appropriate, details of Court and action number	N/A
9	We confirm we will pay your fee in compliance with the Data Protection Act 1998/Access to Health Records Act 1990	YES
10	We request prior details of: (i) photocopying and administration charges for medical records (ii) number of, and cost of copying, x-ray and scan films	YES YES
11	Any other relevant information, particular requirements, or any particular documents <u>not</u> required (eg. copies of computerised records)	
	Signature of Legal Assistant to Solicitor	Code A
	Name of Solicitor	Richard Follis (Partner)
	Name of Solicitors	Alexander Harris
	Address	Cheriton House, 51 Station Road, Solihull, West Midlands. B91 3RT
	Ref	31829/1
	Telephone Number	0121 711 5111
	Fax Number	0121 711 5100

**FIRST RESPONSE TO APPLICATION
FOR HOSPITAL RECORDS**

Insert Name and Address of Hospital here:		
	NAME OF PATIENT:	
	Our Ref: Your Ref:	
1	Date of receipt of patient's application	
2	We intend that copy medical records will be dispatched within 6 weeks of that date	Yes/No
3	We require pre-payment of photocopying charges	Yes/No
4	If estimate of photocopying charges requested or pre-payment required, the amount will be	, /notified to you
5	The cost of x-ray and scan films will be	, /notified to you
6	If there is any problem, we shall write to you within those 6 weeks	Yes/No
7	Any other information	
	Please address further correspondence to:	
	Signed	
	Direct telephone number:	
	Direct fax number:	
	Dated:	

SECOND RESPONSE ENCLOSING**PATIENT'S HOSPITAL MEDICAL RECORDS**

Address:

Our Ref:

Your Ref:

	NAME OF PATIENT:	
1	We confirm that the enclosed copy medical records are all those within the control of this hospital, relevant to the application which you have made to the best of our knowledge and belief, subject to paras 2-5 below	Yes/No
2	Details of any other documents which have not yet been located	
3	Date by when it is expected that these will be supplied	
4	Details of any records which we are not producing	
5	The reasons for not doing so	
6	An invoice for copying and administration charges is attached	Yes/No
	Signed:	
	Date:	

RF/A/31829/2/9922

Notice of Issue of Certificate

(The Notes form part of the Notice)

LEGAL SERVICES COMMISSION

ACCESS TO JUSTICE ACT 1999

Rules C16 and C17 Funding Code ProceduresIn the Proposed Action
Between:**Code A**

[Claimant]

and

Fareham & Gosport NHS Primary Care Trust

[Defendant]

TAKE notice that Certificate No. FOJQMREI9P35/A/C/1 dated the 27th day of February 2003 has been issued by the Legal Services Commission

To: **Code A** The certificate is:Emergency Substantive

The level of service covered by the certificate is:

Investigative Help Full Representation Investigative Support
 Litigation Support General Family Help Help with Mediation

The description/scope of the certificate is :

Plaintiff to be represented in an action for clinical negligence against the opponent.

NOTICE OF ISSUE OF CERTIFICATE

To : Fareham & Gosport NHS Primary Care Trust
From : Alexander Harris Solicitors
Signed : **Code A**
Date : 18.03.03

Note to Client's Solicitor

1. This notice **must** be served in accordance with Rules C16 and C17 Funding Code Procedures.
2. For all non-family certificates issued on or after 2 April 2001 this notice must be served when first notifying a potential opponent of a proposed claim (Rule 16.3 (i)). In all other cases and subject to any pre-action protocol the notice need only be served when proceedings are issued.

Notes to Opponent or Opponent's Solicitor

1. Definitions of the different levels of service are contained in the Funding Code.
2. If a certificate has already been issued to your client in these proceedings you must notify your Legal Services Commission Regional Office that a certificate has been issued to your client's opponent – Rule C43 Funding Code Procedures. However if the certificate relates to Family Proceedings there is no need to notify the Regional Office unless the proceedings are under Section 11.12 of the Funding Code (Financial Provisions and Other Proceedings). The Regional Office need not be notified in domestic violence and public or private law children cases.
3. All monies payable to the client must be paid to his/her solicitor or, if he/she is no longer represented by a solicitor, to the Legal Services Commission. This is so even if his/her certificate has been discharged or revoked. Only the solicitor or the Legal Services Commission is capable of giving a good discharge for monies so payable – reg. 18 Community Legal Service (Costs) Regulations 2000.
4. Under Section 11 of the Funding Code Procedures you have the right to make representations regarding the grant or continuation of a certificate.

Notice approved by the Legal Services Commission

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