



Public – To be published on the Trust external website

Moving records and other sensitive information

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Overarching Policy: Records Management Policy

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1 Introduction

Moving any type of information (e.g. health, staff, volunteer or non-health record) from one location to another, should not be undertaken without careful consideration of the risks involved with the loss of patient, personal or other sensitive information that either the Trust or individual would not wish to have placed in the public domain.

Records may need to be taken off Trust premises, for example, for home visits, externally held clinics, cross-Trust meetings and meetings with personnel not necessarily on the same base as their manager.

Records are defined as 'information created, received and maintained as evidence of activity within the Trust in any media'. In practice this means clinical, HR and all other business records whether in electronic or paper format.

This procedure supports [Our Journey To Change \(OJTC\)](#) as set out in the overarching Records Management Policy.



The loss of any record is always treated as a serious incident. If service user records, staff files or business records go missing as a result of failing to follow this procedure staff could be subject to disciplinary action.

2 Purpose

Information is valuable and should be treated as an asset. Furthermore, the security and confidentiality of the Trust's information is of paramount importance. This document provides guidance when information needs to be moved around and outside of the Trust.

3 Who this procedure applies to

- Anyone whose job roles involve moving and sending Trust records and sensitive information.

4 Related documents

This procedure describes what you need to do to implement the Records Management Policy.



The Records Management Policy describes the Trust's legal obligations for records management which you must read and understand before carrying out the procedures described in this document.

This procedure also refers to:

- ✓ Minimum standards for clinical record keeping
- ✓ Minimum standards for corporate record keeping
- ✓ Records management – missing and found records procedure
- ✓ Records management policy
- ✓ Transport procedure
- ✓ Information Governance Policy
- ✓ Email policy

5 Roles and responsibilities

Role	Responsibility
Chief Executive	Responsibility for these procedures and guidance and their enforcement
Data Protection Officer (DPO)	<ul style="list-style-type: none"> The DPO is an essential role in facilitating 'accountability' and the organisations ability to demonstrate compliance with the GDPR To oversee the records management systems in the organisation so that all holding, processing and sharing activities are understood and compliant with GDPR principles
Information Compliance Manager	Developing and implementing these procedures and guidance.

6 Caldicott Principles

Every NHS organisation has a Caldicott Guardian who oversees the use of patient information. Within the Trust, this is the Director of Nursing and Governance. The Guardian is responsible for agreeing and reviewing guidelines that govern the way 'patient-identifiable information (that is, personal data by which a patient can be identified) is released. When applying the requirements of Caldicott you should follow the eight principles:

1. Justify the purpose of using patient identifiable information (PII)
2. Only use PII when absolutely necessary
3. Only use the minimum necessary PII
4. Access to PII should be on a strictly need-to-know basis
5. Everyone should be aware of their responsibilities and obligations to respect confidentiality
6. Understand and comply with the law
7. The duty to share information can be as important as the duty to protect patient confidentiality
8. Inform patients and service users about how their confidential information is used.

7 Email

Person identifiable information (PII) and other sensitive information may be sent by email if there is an identifiable business need. There are strict procedures for emailing this type of information. Information sent from one TEWV colleague to another using NHS mail is secure because it is encrypted.

All PII sent by email, internally and externally, must be encrypted throughout its journey and at rest (end-to-end). Encryption is not the same as password protection. Read the Trust's NHS mail policy for further guidance on the use of email for transferring PII.

8 Choosing the appropriate method for moving paper records



Where records are sent outside of the Trust they must always be photocopied. The copy must be recreated in a folder clearly marked as a copy and the date created.

8.1 Urgency



The names of the Royal Mail services change over time. Check the Royal Mail website to make sure you are using a recorded delivery service so that records can be tracked and traced through their journey.



Consider whether scanning the record and using secure email would be a better option if the record is needed urgently.

8.1.1 Urgent need for the records

If records are needed urgently, *i.e.* the same day that they are requested, use:

- Royal Mail Sameday™
- a Trust-approved taxi or courier.

If using a Trust-approved taxi or courier, ask the driver to sign for the records as proof they have been collected. Check that Trust approved couriers operate a 'same day' service *i.e.* pick-up and delivery on the same day. If workload allows, a member of staff may be permitted to hand deliver records if this task can be incorporated into their work that day without impinging on the completion of their tasks. Hand delivery of records by Trust staff should only be considered once other options have been exhausted. Make sure packages are securely packed and addressed in full including:

- Addressee
- Job title
- Department (if appropriate)
- Postcode
- A full return address.

8.1.2 Records needed next day

If records are needed for the following day, use one of the following:

- Royal Mail Special Delivery™ guaranteed 9am next day
- Royal Mail Special Delivery™ guaranteed 1pm next day
- Royal Mail Tracked 24™

Check the [Royal Mail website](#) to ensure the advantages and disadvantages of each service are read and understood. The decision to choose the appropriate method of delivery should be made at a local level depending on the sensitivity and urgency of the information being sent.

8.1.3 Records are not needed urgently or next day

If movement of records is not urgent and records are required internally within the Trust, then consider using the Trust's internal mail service.

Internal mail does not cover all premises that house Trust staff. Also take account of the delivery times; it may take several days for post to be moved from distant locations.

If there is no Trust mail service to the recipient's location, or the records are not urgent and need to be sent outside of the Trust, use Royal Mail Tracked 48™.

8.2 Internal mail

This section relates to paper records. Refer to the Information Security and Risk Policy for considerations and options for sharing records electronically.

The Trust's internal mail service does not deliver to all Trust premises and may not deliver within the timescale needed for urgent delivery. Delivery of post can take 1-5 working days depending on where post is being collected and delivered.

1. Ensure the borrower justifies the reason for access to the records they wish to borrow (apply Caldicott principles).
2. Check with the recipient that internal mail is delivered to their address. If there is no internal delivery use an appropriate [Royal Mail service](#) based on the sensitivity and urgency of the information being sent.
3. Use new (unused) grey plastic mailing envelopes. Make sure the envelope is the right size for the record. If the envelope is too big, the record will move around inside the envelope. The force of the movement may tear the envelope and the record will be at risk of damaging the envelope further and falling out of the envelope. Fold over and tape the envelope and consider 'double bagging' (one envelope inside another).
4. If you are sending more than one volume, consider if you need to use a suitable box or container that is adequately labelled to ensure it arrives at its destination intact.
5. Use the purpose-made self-adhesive yellow address labels (see Appendix 4). Complete all the details, clearly showing the names and addresses of recipient and sender. Always send records for the attention of a named person and not just a department. Yellow address labels are available free of charge from the records archive libraries at Flatts Lane Centre in Middlesbrough, Huntington House in York, and Lanchester Road Hospital in Durham.
6. Include a records acknowledgement form (see Appendix 3) for the borrower to complete and return to you. This will provide written proof that the borrower has received the records and will also act as an audit trail.
7. Seal the envelope or package securely. Use sellotape or parcel tape if necessary.
8. Mark the envelope/package 'private & confidential'.
9. Complete a logging out register or tracer card (see Appendix 6) so you know the record has left your department/office and where it has gone to.
10. Place the envelope/package in the mail collection point. The mail collection point should be located in a secure area (safe haven) where visitors do not have access.
11. It is the borrower's responsibility to telephone and inform the lender when the records arrive. The borrower should also complete and return the records acknowledgement form to the lender. If a record fails to arrive at its destination, an incident reporting form must be completed as soon as possible by the sender (refer to availability of records procedure).
12. When a record leaves your department/office ask the recipient when they are likely to return it.
13. If the record is not returned by the expected return date, call the recipient to check on the location of the record and the new expected return date.
14. When you return records after borrowing them please make sure you include a compliment slip informing the recipient where and who the records have come from. Do not return the records without any note to say where and who they have come from.

8.3 External mail

This section relates to paper records. Refer to the Information Security and Risk Policy for considerations and options for sharing records electronically.

1. Justify the purpose for making patient identifiable information available to organisations outside of the Trust and to other colleagues within the Trust (apply Caldicott principles). Do not send original records; only send photocopies of documentation to external organisations. Original documents must, by law, never be released unless under specific legal circumstances. The Trust must hold onto original records as they are our evidence of the delivery of care to our service users. Seek advice from a senior clinician or the Trust data protection officer to check if an external request for records falls under the Data Protection Act 2018.
2. Use the appropriate [Royal Mail service](#) depending on the urgency of delivery.
3. Confirm the name, department (if appropriate) and full postal address of recipient.
4. Use new (unused) plastic mailing envelopes. Make sure the envelope is the right size for the record. If the envelope is too big, the record will move around inside the envelope. The force of the movement may tear the envelope and the record will be at risk of damaging the envelope further and falling out of the envelope. Fold over and tape the envelope and consider 'double bagging' (one envelope inside another).
5. If you are sending more than one volume, make sure you use a suitable box or container that is adequately labelled to ensure it arrives at its destination.
6. Address the envelope/package with **full** postal address and name of recipient. Always send records for the attention of a named person and not just a department. You must include a return address and addressee on the reverse of the envelope/package.
7. Include a records acknowledgement form (see Appendix 3) for the borrower to complete and return to you. This will provide written proof that the borrower has received the records.
8. Seal the envelope/package securely. Use sellotape or parcel tape if necessary.
9. Mark the envelope/package '*private & confidential*'.
10. Complete a logging out register or a tracer card (see Appendix 6) so you know the record has left your department/office.
11. Place the envelope/package in the mail collection point. The mail collection point should be located in a secure area where visitors do not have access.
12. Telephone the recipient at the guaranteed delivery time/date to confirm that the record has arrived intact at its destination. If the records do not arrive at their destination within the guaranteed time/date, contact the mail delivery provider immediately and ask them to locate the package. If a record fails to arrive at its destination an incident reporting form must be completed by the sender. Continued efforts must be made to ask the mail delivery provider to find the records. (see availability of records procedure)
13. When a record leaves your department/office ask the recipient when they are likely to return it.
14. If the record is not returned by the expected return date, call the recipient to check on the location of the record and the new expected return date.
15. If you are using a courier to move records make sure you follow their guidelines for packaging. Include a recipient's name, full postal address including postcode and full return address. Mark the package '*private & confidential*'.

9 Transporting records

When records need to be transported urgently from one location to another, use one of the following options:

- Trust-approved taxis
 - Trust-approved couriers
 - Hand delivered by Trust staff
-
1. If any records are taken away from Trust premises for any reason it remains the responsibility of the person taking the records to ensure that the record is kept confidential and secure at all times.
 2. The Trust approved tracking and tracing procedure must be used so that, before a record is removed from its place of storage, a record is made of who has the record and where it is located.
 3. Take care to make sure that members of the family or visitors to the service user's home cannot gain unauthorised access to the records. This also applies equally to Trust business records and personnel records.
 4. Records must never be left on display in the car. They must always be stored securely in the boot of the car whilst in transit during the working day. Tinted 'modesty film' applied to rear car windows will not prevent passers-by being able to view objects on the rear seat. Objects on the rear seat will still be viewable by looking through the windscreen or side windows.
 5. Records must not be carried on public transport. Records may however, be transported in Trust approved taxis.
 6. If records cannot be returned to the Trust on the same day the member of staff must ensure that they are kept securely, confidentially and safely. Keep the record(s) in a locked bag stored out of plain sight within the home, preferably within a cupboard or similar. They must not be left in a car or lying around for any unauthorised persons to gain access.
 7. Records must always be secured within the folder in which they are carried to minimise the risk of dropping the records and loss of the contents.
 8. The responsibility for maintaining records in a secure place rests with the person who has use of the documents at any one time. The Trust will deem the owner to be the last person to whom the records are tracked on the tracing system.
 9. Records must only be kept by staff for as long as they require access to the record to perform the immediate care or business or to make entries. On completion the records must be returned to the originating department or appropriate archive records library.
 10. Where records are transferred to another hospital within the Trust the individual practitioner involved in arranging the transfer is responsible for ensuring their timely and secure return to the originating department or appropriate library.
 11. Original documents must, by law, never be released unless under specific legal circumstances. Where records are sent outside of the Trust they must always be photocopied. The copy must be recreated in a folder clearly marked as a copy and the date created. In some exceptional circumstances originals may need to be released rather than copies for example:

- When health records are required by courts of law
- When non-health records such as deeds, contracts or other legal records have been requested

The Claims and Legal Services Manager will deal with any such requests.

12. All incidents involving misplaced or lost records should be reported via Datix as soon as possible and in accordance with the Trust incident reporting policy and procedure. A full investigation will be undertaken to enable any gaps in procedure to be rectified immediately.
13. Removable media may be permitted for transporting CCTV images. See the Trust's CCTV Policy and Procedure for further information.

10 Tracing and tracking records (health and non-health)



Accurate recording and knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently. This includes both patient and staff information.

The main cause of misplaced or lost records is lack of or poor tracking and tracing.

The location of any record must be known so it can be found and retrieved if required. The movement of all records must be recorded using a logging in and out register or a tracer card. These systems only work if every borrower of a record uses a logging in and out register so the exact location of a record can be pinpointed at any given time.

10.1 Instructions for logging in and out registers

These detail records that have entered and left a department or office. Registers must be accessible each day so the records service staff can locate records if necessary, e.g. records may become subject to a request under the Data Protection Act 2018 or Freedom of Information Act (FOI) 2000. The Trust has only 40 calendar days (21 days best practice) to respond to a request under DPA and 20 working days to respond to a request under FOIA.

10.1.1 Records out (Appendix 6)

1. If a member of staff requests a record from your office justify the need for the record to be made available.
2. Once the need has been justified record the departure of the record from your office/department on a logging out register. Record these items:
 - Description of item
 - Date sent out

- Sender's name
- Sent to (name and address of requestor)
- Date received by requestor
- Method of transfer
- Reference number, e.g. special delivery reference (if applicable)

3. Remember to include a records acknowledgement form (Appendix 3) for the borrower to complete and return to you.

10.1.2 Records in (Appendix 5)

1. If you receive records into your office complete a logging in register
2. Record the following information:
 - Description of item received
 - Member of staff who receives record and logs them into the register
 - Date received
 - Method of transfer
3. When you receive the records put them in a safe and secure place
4. Telephone the sender to confirm receipt and complete the records acknowledgement form that is enclosed with the records (Appendix 3). Return this form to the sender so they have written evidence of receipt of the records.
5. Return the records promptly to the sender when you have finished with them.
6. When you return the records back to the sender, log their departure into your logging out register.

10.2 Instructions for tracer cards

A tracer card takes the place of an absent record and is used at a record's usual storage area. The tracer card is put in place of the record in its absence. Tracer cards must detail enough information to be able to locate absent records.

1. Follow Caldicott principles and justify the need for making patient records available to other members of staff before sending them out of your department.
2. Once the need has been justified make sure you complete a tracer card. If the record consists of more than one volume then indicate on the tracer card the number of volumes that have been borrowed. (If you are also using a logging in and out register make sure you complete this).
3. Tracer cards are available from CARDEA (code number LP12085)

4. Place the completed tracer card in the usual storage place of the record. The tracer card takes the place of the absent record. Make sure you record the following information on the tracer card as a minimum:
- Date removed
 - Reason for removal
 - Destination
 - Date returned

11 Definitions

Term	Definition
Internal Mail	<ul style="list-style-type: none"> Mail that is addressed to Trust premises and collected and delivered by the Trust's transport staff and staff from other NHS Trusts and external agencies with whom the Trust has service level agreements.
External Mail	<ul style="list-style-type: none"> Mail that is addressed to buildings outside of the Trust and delivered by Royal Mail or other external mail delivery services.
Courier	<ul style="list-style-type: none"> An external delivery service for the transport of urgent documents e.g. TNT UK.

12 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.
- Information Department is responsible for providing training on care records management procedures.
 - All users should understand and apply the guidance and procedures
 - This procedure forms is part of a suite of documents that support the Trust in implementing the Records Management Policy.

12.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
N/A				

12.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	IG mandatory training	1.5 hours	Annually

13 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Information incident monitoring	Frequency = Monthly Method = KPI Report Responsible = Information Compliance Manager	Digital Performance and Assurance Group

14 References

[NHS Records Management Code of Practice 2021](#)

15 Document control (external)

Required information type	Information
Date of approval	14 March 2025
Next review date	14 March 2028
This document replaces	CORP-0026-005-v2 Records Management – Moving Records and Sensitive Information
This document was approved by	Information Governance Group
This document was approved	19 February 2025

This document was ratified by	Digital Performance and Assurance Group
This document was ratified	14 March 2025
An equality analysis was completed on this policy on	23 January 2025
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1	05 Sep 2018	Full revision. Minor amendments to job titles and responsibilities. Updated references to DPA 2018	Withdrawn
1	12 Apr 2021	Review date extended to 05 March 2022	Withdrawn
2	11 Jan 2022	Full review. Duplication removed. Minor updates to governance groups and legislation.	Withdrawn
2.1	14 Mar 2025	Full review with minor changes only. Section 3 and 14 added. Section 13 refreshed.	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Information Department
Title	Records Management – Moving Records and Sensitive Information
Type	Procedure
Geographical area covered	Trust-wide
Aims and objectives	This procedure provides guidance when information needs to be moved around and outside of the Trust to ensure that security and confidentiality are maintained.
Start date of Equality Analysis Screening	January 2025
End date of Equality Analysis Screening	23 January 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff, patients, carers, family members and others whose personal and sensitive information is entrusted to the Trust
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None identified
Describe any positive impacts / Human Rights Implications	Implementing this procedure provides assurance to staff, patients and others whose personal and sensitive information we hold and process is looked after appropriately to ensure its confidentiality and security.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHS Records Management Code of Practice 2021
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	n/a
If you answered No above, describe future plans that you may have to engage and involve people from different groups	The NHS Records Management Code of Practice 2021 underwent extensive national consultation

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	None identified
Describe any training needs for patients	None identified
Describe any training needs for contractors or other outside agencies	None identified

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	

6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Yes	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	

Appendix 3 – Records acknowledgement form

Your address

Telephone number: your phone number

Email: your email address

ACKNOWLEDGEMENT FORM

I hereby acknowledge receipt of medical notes regarding:

PATIENT NAME:DOB.....

PARIS NUMBER:No of volumes.....

SIGNED: DATE:

WARD/DEPT:

**PLEASE TELEPHONE TO CONFIRM RECEIPT, PLEASE RETURN COMPLETED
FORM TO THE ABOVE ADDRESS**

Appendix 4 - Internal mailing label

Do Not Re-Use this Label
CONFIDENTIAL RECORDS
For Internal Mail Use Only

Name:

DEPT:

ADDRESS:

.....

DATE:

SENDER

NAME

DEPT

ADDRESS

.....

NOT TO BE USED ON TRANSIT ENVELOPES

Tees, Esk and Wear Valleys NHS Foundation Trust

Appendix 5 – Log of records in

Name of ward, department or unit.....

*Description of item received	Receiving person	Date received	Method of transfer

* If health record, include NHS and PARIS number, number of volumes and volume number, type of record i.e. profession specific e.g. psychology or service specific e.g. liaison psychiatry or state if unified record.

Appendix 6 – Log of records out

Name of ward, department or unit.....

*Description of item	Date sent out and sender's name	Sent to	Date received by requestor (from records acknowledgement form)	Method of transfer	Reference no. e.g. special delivery ref. if applicable

* If health record, include NHS number, number of volumes and volume number, type of record i.e. profession specific e.g. psychology or service specific e.g. liaison psychiatry or state if unified record.