

Request to forward Medical Records, as held by UCC Student Health Department

REQUESTING DOCTOR SECTION

Requesting Doctor Details:

Name/Address of Doctor
(to which the Records are to be posted)

OR

Healthmail Secure e-mail address
(to which Records are to be e-mailed)

To:

Practice	UCC STUDENT HEALTH DEPARTMENT STUDENT HEALTH CENTRE UCC CROW'S NEST ACCOMODATION COMPLEX CARRIGROHANE ROAD VICTORIA CROSS CORK T12 HXW4
Head of Department	Dr. Michael Byrne IMC 011130

Dear Dr Byrne,

The patient named below is registered with my practice. I would be grateful if you could send me a copy of their Medical Record via **Registered Post** or **Secure e-mail on Healthlink**. *(Please delete whichever does not apply).*

Signed patient consent and a copy of the Patient's Photo-ID, in accordance with Data Protection Regulations, has been provided below/has been attached.

Yours Sincerely

Name/Address of Doctor

DOCTOR'S STAMP

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PATIENT SECTION

Dear Student Health Department,

Please send as requested a copy my complete Medical Records to the Doctor named above.
I enclose a copy of photo-id.

Patient/Student Detail:

First Name	
Family Name	
Date of Birth	
UCC Student Number	
Contact telephone number (in the event of queries arising)	
Signature	
Date	

Security of your records: To protect the confidentiality of your personal data as required under *General Data Protection Regulations*, the Student Health Department reserves the right to seek to verify the identity of the person/student who is providing this access authorisation. Please include a photocopy or scan of your Student Card or Passport or other similar Photo-ID card to confirm your identity.

For STUDENT HEALTH DEPARTMENT USE ONLY: Record of request and provision:

Date request received:

Method of identification:

Registered Post or Secure e-mail on Healthlink (*delete whichever does not apply*)

Date record provided:

The complete Medical Records held by the UCC Student Health Department relating to the above named student have been posted to the Requesting Doctor, named above.

Signed:

For: UCC STUDENT HEALTH
DATE: