

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)

<b>To:</b>  Practice	UCC STUDENT HEALTH DEPARTMENT ARDPATRICK COLLEGE ROAD CORK
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

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

### 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 as confirmation of my identity.

#### 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: