

Request to UCC Student Health Department to post Medical Records relating to you

To:

Practice	UCC STUDENT HEALTH DEPARTMENT ARDPATRICK COLLEGE ROAD CORK
Head of Department	Dr. Michael Byrne

Dear Student Health Department,

Please provide me with a hard copy of my complete Medical Records, as held by the UCC Student Health Department, **via registered post to the address listed below**. I enclose a copy of Photo-ID as confirmation of my identity.

Student Detail:

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

Notes:

Fee: No fee is chargeable for providing a copy of your medical record.

Security of your records: To protect the confidentiality of your personal data, the Student Health Department reserves the right to seek to verify the identity of the person making this access request. Please include a scan copy your Student Card or Passport or other similar Photo-ID card to confirm your identity when forwarding this request.

Record of request and provision:

Date request received:

Method of identification:

Date record provided:

The complete Medical Records held by the UCC Student Health Department relating to the above named student have been made available to the student.

Signed:

For UCC STUDENT HEALTH

Date: