

Access to Medical Records relating to you, as held by UCC Student Health Department

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

Dear Student Health Department,
Please provide me with a copy of my:

Complete Medical Records OR **Immunisation Records** *(circle whichever is requested)*

I will collect these records in person from the UCC Student Health Department.

Student Detail:

First Name	
Family Name	
Date of Birth	
UCC Student Number	
Contact Phone Number	
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 or providing an access authorisation. You can use your Student Card or Passport or other similar Photo-ID card to confirm your identity when collecting the hard copy of your records in person.

Record of request and provision:

Date request received:

Method of identification:

Date record provided:

The Medical Records as requested, 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:

For: STUDENT
DATE: