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

REQUESTING DOCTOR SECTION

Requesting Doctor Details:

Name and Practice Address of Doctor

AND

Doctor's e-mail address
(to which records are to be sent via encrypted email)

To:		
	Practice	UCC STUDENT HEALTH DEPARTMENT STUDENT HEALTH CENTRE UCC CROW'S NEST ACCOMODATION COMPLEX CARRIGROHANE ROAD VICTORIA CROSS CORK T12 HXW4

Dear UCC STUDENT HEALTH DEPARTMENT,

The patient named below is registered with my practice. I would be grateful if you could send me a copy of the Medical Record as requested below, via **e-mail.**

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 to Doctor via email

PATIENT SECTION

You should tell your Doctor that your records will arrive to them via their email address

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

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

and forward them to my own Doctor via email.

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:

The complete Medical Records held by the UCC Student Health Department relating to the above-named student have been forwarded to the student's Doctor.

Signed: _____
              For: UCC STUDENT HEALTH
                  DATE: