REQUEST FOR ACCESS TO MEDICAL RECORDS HELD BY MERCY UNIVERSITY HOSPITAL, CORK

under the (*please tick as appropriate)*

- General Data Protection Regulation (the GDPR), Data Protection Acts 1988-2018 ☐
- **Freedom of Information Act 2014** ☐

PERSONAL DETAILS OF APPLICANT			
Surname		**Forename(s)**	
Maiden Name (if applicable)		**Date of Birth**	
Phone Number		**Email Address (if applicable)**	
Current Address (including Eircode)			
Previous address(es) (including Eircodes)			

PROOF OF IDENTIFICATION (which includes your name, date of birth, photograph, handwritten signature)		
Passport with handwritten signature		***Please tick which one you have provided***
Driving Licence		
Other (e.g. Identity Card)		

Please note that we do not accept a Public Services Card as proof of legal identify as it does not include your date of birth

NOTE: MUH will only keep a copy of identification documents until your SAR/FOI request has been fully processed and they will be securely destroyed afterwards.

DETAILS OF THE REQUEST

In accordance with Section 12 of the Freedom of Information Act, I request access to records which are:

Personal ☐ **Non-Personal** ☐ **(*Please tick as appropriate)***

Please fully outline the records you are requesting to include the timeframe. ***NOTE: If you are requesting records on behalf of your child, please include his/her details – Name, Date of Birth, address***

CD of radiology imaging required (note radiology imaging is available on CD only) *Please note under the **Freedom of Information Act 2014** a charge applies where a CD Rom containing x-ray imaging is required. The charge is €10 per CD Rom. If you wish to request such a disc(s), please indicate across and the FOI Officer will contact you to arrange payment.*	**Yes**	**No**

You can receive a copy of your medical records in 3 ways. Please tick *ONLY ONE* option below as appropriate		
1	By Post	
2	By Email. Please note – If you wish to receive your records via email, you must be set up with the Cisco Systems secure email service (see www.cisco.com for more details)	
3	In Person	

Signature of Requestor (Physical signature only) Electronic signatures will not be accepted	Date