

Access to your Medical Records as held by UCD Student Health Service

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| To | Director of Student Health Service UCD Student Health Service University College Dublin, Belfield, Dublin 4. |
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Dear UCD Student Health,

Please provide me with a copy of my COMPLETE Medical Records as held by UCD Student Health. *Please tick to choose one option only.*

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|---|--|-----------------------------------|--|
| Hard copy to be collected by me (student) | | Healthmail sent directly to my GP | |
| Registered post to me (student) | | Secure email sent to me (student) | |

Student (applicant) details:

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|-------------------------------------|--|
| Surname Name | |
| First Name | |
| Date of Birth | |
| UCD Student Number | |
| Mobile Telephone Number | |
| Postal address if applicable | |
| GP Healthmail address if applicable | |

Student 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, UCD Student Health 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 Passport or Driving Licence to confirm your identity when collecting the hard copy of your records in person.