**ROTUNDA HOSPITAL – Request for Healthcare Records**

1. **Details of healthcare records required: (Please use BLOCK LETTERS)**

|  |  |  |
| --- | --- | --- |
| Patient’s Surname: | Patient’s Maiden Name: | Patient’s First Name(s): |
| Patient’s Date of Birth: | Please specify the record(s) you wish to access:Maternity [ ] Gynaecology [ ]Paediatric [ ] Colposcopy [ ]Physiotherapy [ ]  |
|   Patient’s Current Address: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient’s Previous Address (if relevant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Optional additional information about the records required:**

|  |
| --- |
| **OPTIONAL additional information:** This information can help us to prioritise urgent requests. For example, if you need your record for an appointment in the very near future or you are attending another service please provide details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you need something other than the records above please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Requester’s details:**

|  |  |
| --- | --- |
| Requester’s Name: | Contact Number: |
|   Requester’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Records will be forwarded to you by post. If you wish your records to be posted to a different address please provide us with details.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Essential information:**

|  |
| --- |
| 1. This request will be processed in line with The General Data Protection Regulation.
2. A photocopy of your photo ID is required - either your passport or driving licence.  Please note that your ID must match the name on the records you are seeking, otherwise we may require you to provide us with further details.
3. If you are requesting personal information in respect of another person, the consent of that person AND a photocopy of their photo ID is required, along with a photocopy of your own photo ID.
4. Please note that for the purposes of processing your request your details will be held on a database and the records may be sent to an offsite company for scanning and processing.
5. Please note, since May 2018 and in line with Data Protection Law, copies of ID and other supplementary documentation are only retained for the purpose of verifying and processing your request. Once the request is finalised they will be destroyed.
 |

1. **Requester:**

|  |
| --- |
| **Select one option:*** I am requesting my own records and/or those of my child who is a minor at the time of [ ]

request.  |
| * I am requesting the records of another person with their consent. I have attached their [ ] written and signed consent and a copy of their photo ID along with my own ID.
 |
| * I am requesting my own records and/or those of my child who is a minor at the time of [ ]

request. I would like these records to be released to another person/institution as detailed below. Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **To be signed by all:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_