



Access Request for Medical Records

I wish to obtain a copy of the medical record held at:

Practice

Name of Clinic	
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Patient

First Name	
Surname	
Date of Birth	
Phone Number	
Current Address	
Previous Address (If Any)	
ID Provided e.g. copy of drivers licence, passport etc..	
Signature	
Date	

Notes:

No fee is chargeable for providing a copy of your medical records. Collection of records is free of charge. However, if you request your records to be posted, a fee of €10 will apply as records must be sent by registered post. It is important for the clinic to verify the identity of the person making an access request or providing an access authorisation.

For Clinic Use Only:

Date request received:

Method of identification:

Date record provided:

Person managing access request: