St. James's Hospital
Request Form for Access to Patient Records
Under the Freedom of Information Act 2014

1. Patient details: (Please use BLOCK LETTERS)

Surname:	
First Name(s):	
Hospital number: (MRN)	
Telephone Number:	
Email Address:	
Date of Birth:	

Current Address: _____

_____

Previous Address(s) (if relevant):_____

_____

2. Applicant's details (if different to above):

Name:	
Address:	
Telephone number:	
Email Address:	

3. Details of information/records requested:

Please describe the records as precisely as possible (see tick boxes below for guidance) and provide as much information as possible; for example, date(s) attended, name of treating consultant or the department / clinic attended.

_____

_____

_____

_____

_____

_____

_____

Medical Record Chart (Paper based file)

Correspondence	☐	Clinical Notes	☐
Procedures	☐	Functional Investigations	☐
Nursing Notes	☐	Prescription Sheets	☐
X-ray Reports (Pre -2006)*	☐	Lab Results (Pre-2006)*	☐

* X-ray Reports and Lab Results created since 2006 are held on the Electronic Patient Records – see below.

All of the above records ☐

Electronic Patient Record

Laboratory Results	☐	Radiology Results/Reports	☐
Radiology Images	☐	Correspondence	☐
Clinical Notes	☐	Operation and Consent	☐
General Investigations	☐		

All of the above records ☐

4. Important information:

- Photographic identification must accompany your request and must match the name on the records you are seeking, otherwise we may require you to provide us with further details.
- If you are requesting personal information in respect of another person, a signed consent form from that person AND a photocopy of their photo ID is required, along with a photocopy of your own photo ID. If they are unable to give consent please state this and provide relevant documentation to support this.
- Release of records - When the records are available you will be notified, please tick the box below for your preferred method of release.
- Additional state issued documentation may be requested for some applications as proof of relationship, you will be advised of this as we start to process your request.
- In order to expedite requests requesters should consider the purpose for which the records are being sought and be as specific as possible when requesting records. Details on applicable charges are available at: http://foi.gov.ie/regulations/freedom-of-information-act-fees-no-2-regulations-2014/.
- In the case of an application for records of the deceased please complete the form **- Request for Access to Records of a Deceased Patient.**
- Please note that for the purposes of processing your request your details will be held on a database. The information is kept in the strictest confidence in compliance with Data Protection legislation and is retained in line with the HSE Record Retention Policy.

5. Method of release.

Collection in person on appointment from the AIO Office: ☐

Registered Post to home address: ☐
(Proof of address required i.e. Drivers Licence with home address, Utility Bill, Bank Statement)

Sharefile/Email (encrypted or password protected) ☐
(By ticking this box you are consenting to the release of your records, in pdf format, to a Sharefile folder or the email address provided above. You will be contacted by email prior to release of the file to confirm the address is accurate)

6. Signed:

I request access under Section 12 of the Freedom of Information Act 2014.

Signed: _____ Date: _____

7. Return this form to:

Access to Information Office
Orla Beggs House,
40 James Street,
Dublin 8,
D08 WR52.
Email: aio@stjames.ie
Phone: +353 1 410 3010 / 416 2463 / 410 3807 / 416 2485 / 415 1595

Office Use Only

Ref. No:		Date received:		Signed:	