

**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:  |  |
| Maiden Name:                                      |  |
| First Name(s):                                    |  |
| Telephone Number:                                 |  |
| Email Address:                                    |  |
| Date of Birth:                                    |  |
| Current Address: _____<br>_____                   |  |
| Previous Address(s) (if relevant): _____<br>_____ |  |

**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.

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**Medical Record Chart (Paper based file)**

- |                            |                          |                           |                          |
|----------------------------|--------------------------|---------------------------|--------------------------|
| Correspondence             | <input type="checkbox"/> | Clinical Notes            | <input type="checkbox"/> |
| Procedures                 | <input type="checkbox"/> | Functional Investigations | <input type="checkbox"/> |
| Nursing Notes              | <input type="checkbox"/> | Prescription Sheets       | <input type="checkbox"/> |
| X-ray Reports (Pre -2006)* | <input type="checkbox"/> | Lab Results (Pre-2006)*   | <input type="checkbox"/> |

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

**All of the above records**

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**Electronic Patient Record**

- |                        |                          |                           |                          |
|------------------------|--------------------------|---------------------------|--------------------------|
| Laboratory Results     | <input type="checkbox"/> | Radiology Results/Reports | <input type="checkbox"/> |
| Radiology Images*      | <input type="checkbox"/> | Correspondence            | <input type="checkbox"/> |
| Clinical Notes         | <input type="checkbox"/> | Operation and Consent     | <input type="checkbox"/> |
| General Investigations | <input type="checkbox"/> |                           |                          |

**All of the above records**

\*If the images are required they will be requested from the Radiology Department at a cost of €10.00 per disc. Please tick the box above and make an upfront payment of €10.00 (Details on payment methods available from FOI Office). If the images require more than one disc you will be advised of the outstanding amount to be paid prior to release.

**4. Important information:**

- A photocopy or scan of your photo ID is required (preferably a 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.
- 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. There is currently no copying charge for files consisting of 300 pages or less. For files over 300 pages the copying charges (4 cent per page and €10 per CD charge) as set out in the legislation will be applied, details 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 FOI Office:

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

Email (encrypted or password protected)   
(By ticking this box you are consenting to the release of your records, in pdf format, to 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:**

Freedom of Information Office, CEO Building, St. James's Hospital, Dublin 8.  
Email: [foi@stjames.ie](mailto:foi@stjames.ie)  
Telephone: 01 – 416 2463/2485 / Fax: 01 – 454 4768

**Office Use Only**

|          |  |                |  |         |  |
|----------|--|----------------|--|---------|--|
| Ref. No: |  | Date received: |  | Signed: |  |
|----------|--|----------------|--|---------|--|