

Patient Radiology Report Request Form

Date Request Made: _____

Patient Name & Address: _____

Date of Birth: _____ Email Address: _____

Examination: _____ Date & Location of Exam: _____

Please read the information below carefully:

- Radiology reports are undertaken by Consultant Radiologists and intended for review by your referring doctor/medical professional. Frequently medical terminology is used within these reports which only trained clinicians can interpret. We strongly advise that you return to your referring clinician to ensure that you are adequately followed up and managed and to prevent misinterpretation of your radiological findings.
- Your radiology report contains personal information about you and should be stored carefully and securely as you would store your bank details or other important information.
- Please note that you might be asked to provide proof of identification as part of this request.
- Records will be posted to your address (given above). If you wish for your records to be sent to a different address please provide us with the details.
- If you are requesting the report on behalf of a child who is a minor or a relative for whom you are next of kin please provide the details:

- Under data protection law, an access request must be responded to within 30 days from the date you make the access request.
- Sections 54 of the Data Protection Act 2018 set out a small number of circumstances in which the right to see your personal records can be limited. The right of access to medical data is restricted in some circumstances where the health and well-being of an individual might be affected by obtaining access to the data.

Consent:

I have read the above statement and agree to discuss my radiology report with my referring clinician and to store my medical information securely. I hereby make this request under Article 15 of the Data Protection Act.

Patient Name (Print): _____ Patient Signature: _____

Date: _____

Staff Signature: _____ Photo ID Verified (please tick)

Please return completed form via email to GDPRpatientrequest@UPMC.ie along with a copy your photo ID such as a passport or driving licence. We will not retain copies of your photo ID on file as it is only used to validate your identity for this request. Please therefore send us your proof of identity as a separate attachment. Upon receipt, we will process your request accordingly.

Office Use Only

Staff Name: _____ Date of Postage/Emailing: _____

Comments: _____

GDPR Guidance Note for Patient

Your medical records are your personal information and you are entitled to access them. We as a Data Controller have an obligation to implement technical and organisational measures to ensure that your personal data is kept secure so we will ask you to provide an adequate form of photo identification to assist us with this. As the clinic may also have other patients with the same name as you, some forms of company photo id's badges may not be adequate to validate your identify.

Under the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA2018) you have a number of rights with regard to your personal data:

1. the right to access your personal data
2. if your personal data is inaccurate, you have the right to have the data rectified without undue delay.
3. If your personal data is incomplete, you have the right to have data completed, including by means of providing supplementary information.
4. the erasure of your personal data or the right to be forgotten – the right to be forgotten is not an absolute right will not apply where processing is necessary for:
 - o Compliance with a legal obligation
 - o Reasons of public interest in the area of public health
 - o Archiving purposes in the public interest, scientific or historical research purposes or statistical purposes;
 - o Establishment, exercise or defence of legal claims.
5. the right to restrict processing, object to processing as well as the right to data portability in certain circumstances. Where processing of your data is restricted, it can be stored by us but most other processing actions, such as deletion, will require your permission.
6. If you have provided consent for the processing of your personal data, you have the right (in certain circumstances) to withdraw that consent at any time which will not affect the lawfulness of the processing before your consent was withdrawn.
7. You have the right to lodge a complaint to the Data Protection Commission if you believe that we have not complied with the requirements of the GDPR or DPA 18 with regard to your personal data

Any requests to access personal data will be dealt with free of charge unless it is considered unjustified and excessive in which case, we may charge a reasonable fee. Requests will be dealt with within 30 days, if an extension is required, we will notify you.

A copy of our fair processing notice is available or it can be accessed online at <https://sportssurgeryclinic.com/patient-info/fair-processing-notice/>

How you can contact us with any queries or requests:

The Data Protection Officer UPMC Sports Surgery Clinic Santry Demense Dublin 9 dpo@upmc.ie	Subject Access Request UPMC Sports Surgery Clinic Santry Demense Dublin 9 sar@upmc.ie
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