**Patient confidentiality endures beyond death, prior to any decision to grant, part grant or refuse access to the requested records they are reviewed carefully and a decision is made on a case by case basis. The onus is on the requester to supply documentation and evidence to support their application, failure to do so may lead to delay or refusal of the request.**

1. Details of requester

|  |  |
| --- | --- |
| Name of requester |  |
| Relationship to deceased patient |  |
| Address |  |
| Telephone |  |
| E-mail |  |

2. Details of deceased patient

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of birth |  |
| Date of death |  |

3. Form of access (please tick box)

|  |  |
| --- | --- |
| To receive copies via registered post |  |
| View originals by appointment |  |

4. Proof of identity of requester (please tick and enclose copy)

|  |  |
| --- | --- |
| Copy Passport |  |
| Copy Drivers licence |  |
| Other photographic form of identification |  |
|  |  |
|  |  |

5. Proof of relationship to the deceased

|  |  |
| --- | --- |
| (a) Parent/child – Long form Birth Certificate |  |
| (b) Spouse/Former Spouse – Marriage Certificate |  |
| (c) Partner/Former Partner – Affidavit by Solicitor |  |
| (d) Next of Kin – Affidavit by Solicitor or other acceptable proof establishing the relationship |  |
| (e) Other – (please specify relationship) – Affidavit by Solicitor |  |

6. Please specify what records are being sought – specific time-frame, speciality or episode of care

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7. Please give specific reasons for the requesting of the records.

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|  |

8. Please provide copy of death certificate (Not required if the patient died Tallaght University Hospital).

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

9. Please return this form to:

|  |  |
| --- | --- |
| By post | Release of Information Department  Tallaght University Hospital  Tallaght  Dublin 24, D24 NR0A |
| By email | [roi@tuh.ie](mailto:roi@tuh.ie) |