

Request for Access to Records under the Freedom of Information Act, 2014



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

For the attention of: **The FOI Officer, The Health Information and Quality Authority, George's Court, George's Lane, Dublin 7. Email: foi@hiqa.ie**

Details of Applicant

Please use BLOCK LETTERS

Surname		First Name	
Postal Address			
Telephone Number(s) & E-Mail			
Home		Business	
Email			

Personal Information

You will not normally be given access to personal information of another person unless you have obtained written consent of that person. If you are requesting personal information, please give any variations which may be relevant e.g. Murphy or O'Murchu. Before you are given access to personal Information the Health Information and Quality Authority will require proof of identity.

Form of Access

My preferred form of access is *(Please tick as appropriate)*: By Post

Other *(Please specify)*

Details of Request

In accordance with Section 12 of the FOI Act 2014, I request access to records which are *(Please tick as appropriate)*: Personal Non-Personal

In the space provided below please describe the records as fully as you can. If you are requesting personal information, please state precisely in whose name those records are held. You will not normally be given access to personal information of another person unless you have obtained the written consent of that person.

I request the following records:

PLEASE SIGN HERE	Date
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