

Student Intake Form

PRIVATE AND CONFIDENTIAL

Data Protection Notice

To assist with your care, we at the DCU Student Health Centre (a unit of Dublin City University) need to collect personal data, including sensitive personal data about you. This information will form part of your record with us and will include details of your health, treatments and any other services that you intend to, or have availed of here, e.g. phlebotomy, vaccinations, dressings, ear syringing, results or any other tests/investigations/screens. In order to provide you with some services, DCU may engage with external partners outside our service (e.g. Mater Hospital for phlebotomy/blood tests). Medical records are strictly private and confidential and do not form part of your degree.

You have certain rights under data protection law including the rights of access to a copy of your personal information, right of rectification/correction or erasure of personal data relating to you, or the restriction of processing, the right to data portability and the right to object to processing of your personal data. These rights are available where the applicable criteria are met, and subject to certain exceptions under data protection law. (For example, it may not be possible to comply with a request to erase all data where the Student Health Centre has a legal obligation to retain records, where it is necessary and proportionate to keep such data for the purposes of defending prospective legal claims and/or protect the vital interests of a data subject, or where we otherwise have compelling legitimate grounds to retain this information/records in accordance with DCU's statutory functions).

To exercise any of these rights, please contact healthservices@dcu.ie in the first instance so that we can resolve any issues arising. DCU's Data Protection Unit can be contacted by email at: data.protection@dcu.ie or by phone at: 01 7005118 / 7008257. If you are not satisfied with DCU's response to any queries you may have in relation to how your personal data is processed by DCU, you have the right to complain to the Data Protection Commission: www.dataprotection.ie.

To obtain further information about DCU Privacy Policy please visit: [https://www.dcu.ie/sites/default/files/info/25 -
_data_privacy_policy_v3.1.pdf](https://www.dcu.ie/sites/default/files/info/25_-_data_privacy_policy_v3.1.pdf)

Data Protection Consent

Please ensure that you have fully understood this form before signing. If you have any questions, please ask a member of staff.

- I confirm that I have read and understood the above Data Protection Notice, and that I consent to my personal data being processed by the DCU Student Health Centre as described.
- I understand that the law provides that in certain instances personal health information can be disclosed e.g. in the case of some infectious diseases.
- I understand that any information given to a third party, on or off campus will only be released with my express consent.
- I understand that I can withdraw consent for processing of my personal data at any time.
- I understand that my personal data will be stored securely for eight years.

I freely consent for the DCU Student Health Centre to process my personal data, including special categories of personal data (e.g. health) for the purpose of my ongoing healthcare treatment in DCU.

Yes ___ No ___

Please note if you do not provide your consent to the processing of your personal data by the DCU Student Health Centre, it will not be possible to make our services available to you.

Student's Signature: _____ Date: _____

This information will be used to create your personal medical record on the Practice computer. Be assured this is strictly confidential.

Student Intake Form

Please complete this form and return it to Reception to register before you see the Doctor.

First Name: _____ Surname: _____

Student ID: _____

Term Address: _____

Home Address: _____

Date of Birth: _____ Gender: _____

Mobile phone _____

Next of Kin (emergency contact) Name: _____

Relationship: _____

Next of Kin Phone Number: _____

Family Doctor: _____

I confirm that the details I have specified are correct at the time of collection and I agree to keep the Health Centre updated with any relevant changes to my circumstances.

Student Signature: _____ Date: _____