

REQUEST FOR ACCESS TO RECORDS UNDER ARTICLE 15 GENERAL DATA PROTECTION REGULATION (GDPR)

Please address this request to the relevant Data Protection Contact and post accordingly.

Please use **BLOCK** letters

Details of Applicant

Date of Birth: _____

Personal Information

Surname: _____

First Name: _____

Postal Address: _____

Contact Detail(s)

Mobile: _____

Home: _____

Email: _____

OFFICAL USE ONLY

Date GDPR request received: _____

Identity Verified: _____

Consent Confirmed: _____

Information Access

My preferred form of access to receive copies of my GDPR records are: *(please tick as appropriate)*

Registered Post Email Courier Other. Please specify _____

Details of Request

Please forward the records directly to **Dignity4Patients** (*Park Heights, Grange Rath, Drogheda, Co Meath*)

Yes

No (directly to the subject person)

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.

REQUEST FOR ACCESS TO RECORDS UNDER THE FREEDOM OF INFORMATION ACT, 1997

Please address this request to relevant FOI Contact and post accordingly.

Please use **BLOCK** letters

Details of Applicant

Date of Birth: _____

Personal Information

Surname: _____

First Name: _____

Postal Address: _____

Contact Detail(s)

Mobile: _____

Home: _____

Email: _____

OFFICAL USE ONLY

Date FOI request received: _____

Identity Verified: _____

Consent Confirmed: _____

Information Access

My preferred form of access to receive copies of my FOI records are: *(please tick as appropriate)*

Registered Post Email Courier Other. Please specify _____

Details of Request

In accordance with Section 7 of the Freedom of Information Act, I request access to records which are: *(please tick as appropriate)*

Personal (Personal & Healthcare Records referring to me by **name**)

Non-personal (Records/notes of **my treatment** identified by a reference number)

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.

