

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

Please address this request to 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

Yes

No ( Directly to me)

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.

<sup>1</sup> Art. 15 GDPR Right of access by the data subject



## 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.



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

I request the following records: \_\_\_\_\_

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\_\_\_\_\_

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_