

SUBJECT ACCESS REQUEST FORM

You should complete this form if you want us to supply you with a copy of any personal data we hold about you. You are currently entitled to receive this information under the Data Protection Act 1998 (DPA) and will continue to be under the EU General Data Protection Regulation (GDPR). We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure, or restriction of processing that may exist.

We will endeavour to respond promptly and in any event within one month of the latest of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide to enable us to comply with your request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.

Please tick the appropriate box:

Patient **Associate** **Employee** **Other**

Please specify other

SECTION 1: Details of the person requesting information

Full name:	
Date of Birth:	
Address:	
Contact telephone number:	
Email address:	
Practice Name:	

SECTION 2: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

YES: I am the data subject. I enclose proof of my identity (see below).

(Please go to section 4)

NO: I am acting on behalf of the data subject. I have enclosed the data subject’s written authority and proof of the data subject’s identity and my own identity (see below).

Or

If the data subject is incapable of providing written authority then I enclose proof of my power of attorney

(Please go to section 3)

Date; May 2018

Review date; May 2019

V3 Central Operations

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To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

Proof of Identity

Passport, photo driving licence, national identity card, birth certificate.

Proof of Address

Utility bill, bank statement, credit card statement (no more than 3 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1 year old).

SECTION 3

Details of the data subject (if different from section 1)

Full name:	
Date of Birth:	
Address:	
Contact telephone number:	
Email address:	
Practice Name:	

SECTION 4: What information are you seeking?

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require. **If the request is from a patient, please list all clinical relevant records that is to be requested; such as clinical notes (paper/electronic), treatment plans, consent forms and X-rays etc.**

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SECTION 5: Information about the collection and processing of data

If you want information about any of the following, please tick the boxes:

Why we are processing your personal data

To whom your personal data are disclosed

The source of your personal data

SECTION 7: Declaration

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to Rodericks Dental Ltd is true. I understand that it is necessary for Rodericks Dental Ltd to confirm my / the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signed..... Date

Documents which must accompany this application:

- Evidence of your identity (see section 2)
- Evidence of the data subject's identity (if different from above)

Authorisation from the data subject to act on their behalf (if applicable)

Please return the completed form to:

Rodericks Dental Ltd
15 Basset Court, Loake Close, Grange Park, Northampton NN4 5EZ
Email: HR@rodericksdental.co.uk
Telephone: 01604 602491

Correcting Information

If after you have received the information you have requested you believe that:

The information is inaccurate or out of date; or

- We should no longer be holding that information; or
- We are using your information for a purpose of which you were unaware;
- We may have passed inaccurate information about you to someone else;
- Then you should notify our Data Protection Officer at once.

Office use only:

Reference number:	
Date received:	
Person who has received SAR	

Date; May 2018

Review date; May 2019

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