



# Subject Access Request Form

Request for Access to Personal Data under the General Data Protection Regulation (GDPR)



## Part 1 – Details of Data Subject (person making request)

*Please use block capitals*

<b>First Name:</b>	<b>Surname:</b>	<b>Maiden Name:</b> <i>(if applicable)</i>
<b>Date of Birth:</b> DD / MM / YYYY		
<b>Address:</b>		
<b>Eircode:</b>		
<b>Phone:</b>		
<b>Email:</b>		



## Part 2 – Details of Request

**The period of time for which data is sought:**

*Please indicate the timeframe for your request (e.g. July 2016 or January 2016 - April 2016)*



### Relevant Departments

There are certain departments in the hospital that store records separately to the main patient medical chart.

Please tick below if you need to request records from any of the following departments:

Physiotherapy	Radiology (Images)	Emergency Department
Diabetic Day Centre	Intensive Care Unit (ICU)	High Dependency Unit (HDU)



*Please provide as much information as possible to assist us to identify and locate the personal information requested, including any specific identifiers (reference numbers, ID numbers, department attended etc.)*

**Please provide me with the following records:**



**Part 3 – Verification of Identity**

In order for us to verify your identity, please provide:

Copy of **one** form of photographic identification (tick whichever provided):

Current Passport

Current Driving Licence

Public Services Card

Other Official ID (please specify) \_\_\_\_\_



**Part 4 – Preferred form of access**

Choose how you want to receive a copy of your records. Normally records will be sent to the address that we have on file. If you decide to send your records to a nominated representative we will need a separate consent form:

Please tick as appropriate (choose one only):

Hard Copy (Paper)

Electronic Copy

Other (please specify) \_\_\_\_\_



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

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

**SUBMIT**