

Subject Access Request Form

How to apply for personal data held about you by our Practice

Under the General Data Protection Regulation (GDPR), a data subject can request copies of paper and computer records that an organisation holds, shares or uses about them. In order to deal with a request from you, we can ask you for proof of identity and enough information to enable us to locate the personal data that you request.

Please complete this form and return it (together with proof of identity) to us in the practice. We will acknowledge safe receipt and respond within 30 days in accordance with the GDPR guidelines.

Part 1: Person that the information relates to (the data subject)

Title: Mr / Mrs / Miss / Ms / Other	
Surname:	
Forenames:	
Any other names the data subject is known by:	
Address:	
Telephone:	
Email:	
Date of Birth:	

Part 2: Proof of identity

To help us establish proof of identity, your application must be accompanied by photocopies of two official documents for you, which clearly show between them the name, date of birth and current address.

Please enclose a copy of one of the following as proof of identity: passport or driving licence, birth or adoption certificate and a copy of a bank statement or utility bill dated within the last three months.

This is to ensure that we are only sending information to the data subject and not to a third party. If none of these are available, please contact us by email at info@cssdoctor.ie for advice on other acceptable forms of identification.

Part 3: No Fee

You will not have to pay a fee to access your personal information (or to exercise any of the other rights). However, we may charge a reasonable fee if your request for access is clearly unfounded or excessive. Alternatively, we may refuse to comply with the request in such circumstances.

Part 4: Information requested

To help us to deal with your request quickly and efficiently please provide as much detail as possible about the information you want. Please make your request as specific as possible. Please include time frames, dates, names or types of documents, any file reference and any other information that may enable us to locate the personal data you seek.

Please continue on a separate sheet of paper, if necessary.

Part 4: Declaration of data subject

I, _____, confirm that the information provided on this form is correct and that I am the data subject whose name appears on this form. I understand that your Practice must confirm proof of identity and that it may be necessary to contact me again for further information to locate the personal data I want. I also understand that my request will not be valid until all the information requested by your Practice from me is received by your Practice.

Signature: _____

Date: _____