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| MCj04420060000[1] | *Under the General Data Protection Regulations, Data Protection Act 2018, and the Access to Health Records Act 1990 you can make a request to us regarding access, rectification, erasure, restriction, and objection.*  *Personal information collected from you by this form is required to enable your request to be appropriately processed. This personal information will only be used in connection with the processing of this request.* |

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| |  |  |  | | --- | --- | --- | | **Are you the person about whom the personal information has been recorded (known legally as the Data Subject) Please tick box that applies** | | | | I am the Data Subject **COMPLETE parts 1,3 & 4** | | o | | I have Legal status (please describe) e.g., Lasting Power of Attorney, Parental Responsibility, Executor of the Will **COMPLETE parts 1,2,3 & 4** |  | o |  |  |  |  |  | | --- | --- | --- | --- | | **I have provided the relevant photocopies of documents as proof of my identity** | | | | | Driving License | o | Written authority | o | | Birth Certificate | o | Power of Attorney | o | | Utility bill | o | Parental Responsibility | o | | Executor of the Will | o | Claim arising from a Patient death | o | | Other proof of identity (please describe i.e., Known Patient, Employee etc) | |  | |   **[** | | | | | |
| **[[[** | | | | | |
| **1. DATA SUBJECT - Details of the person the personal Information is recorded about:** | | | | | |
| **Surname:** |  | **First Names(s):** | |  | |
| **Previous Name:** |  | **Date of Birth:** | |  | |
| **Tel Number:** |  | **NHS Number:** | |  | |
| **Address &**  **Postcode** |  | | | | |
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| **2. REQUESTOR - Details of the** **person requesting the personal information (if you are not the Data Subject as stated in 1.)** | | | | | |
| **Surname:** |  | **First Names(s):** | |  | |
| **Previous Name:** |  | **Date of Birth:** | |  | |
| **Tel Number:** |  | **NHS Number:** | |  | |
| **Relationship to Data Subject** |  | **Address &**  **Postcode** | |  | |
| **3. DETAILS OF REQUEST** | | | | | |
| **a) Services e.g. Physio, Podiatry etc.** | | | | | |
| **Service/Dept** | | | **Date from :** | | **Date to :** |
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| **b) Describe the nature of your request:** please tick the Individual Right and provide as much detail as possible, such as references, treatments etc. | | | |
| **Access Erasure Rectification Restriction Objection** | | | |
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| **4. DECLARATION:** | | | |
| I confirm I am signing this form as the **Data Subject / Requestor** (delete as appropriate) and that the information given on this form by me is, to the best of my knowledge correct. | | | |
| **Signature:** |  | | |
| **Print Name:** |  | **Date of Request:** |  |
|  | | | |
| **CHARGES**: Requests are free (in exceptional circumstances a charge may be made).  **COMPLAINTS:** Any complaints should be directed to the Data Protection Officer via [shropcom.dataprotection@nhs.net](mailto:shropcom.dataprotection@nhs.net) or <https://ico.org.uk/>  **MORE INFORMATON:** Please refer to the ICO (Information Commissioner s Office) Website for more general information <https://ico.org.uk/> and <https://ico.org.uk/your-data-matters/> for your Individual rights  **PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS FORM. YOUR ENVOLOPE SHOULD BE CLEARLY ADDRESSED AND MARKED PRIVATE AND CONFIDENTIAL.** | | | |