

# APPLICATION FOR ACCESS TO PERSONAL DATA HELD BY ST OSWALD'S HOSPICE AND ALL DATA PROTECTION RIGHTS



## Type of Request being made, [please tick any that apply]:

- Access to personal data
- Rectification or Correction of data held by St Oswald's Hospice
- Request to have personal data erased
- Request to move data to another provider (portability)
- Request to restrict processing
- Objection to personal data being processed
- Query about automated decision making

## Type of data being requested

- Medical records
- Staff / volunteer personal data
- Donor data
- CCTV
- Other

## Data Subject's Details:

|               |  |
|---------------|--|
| Surname       |  |
| Forename(s)   |  |
| Date of Birth |  |
| Address       |  |
|               |  |
|               |  |
| Post Code     |  |

|                                |  |
|--------------------------------|--|
| NHS Number (if health records) |  |
|--------------------------------|--|

Please note that the information provided on this form is held on a rights of data subjects request log for the purpose of dealing with the request. It will not be shared with any third party.

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## Details of Person making the request (if different to the data subject):

|                          |  |  |
|--------------------------|--|--|
| Surname                  |  |  |
| Forename(s)              |  |  |
| Date of Birth            |  |  |
| Address                  |  |  |
|                          |  |  |
|                          |  |  |
| Post Code                |  |  |
| Relation to Data Subject |  |  |

## Please tick appropriate box below to indicate why you have specific rights in relation to this data:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I am the data subject  |
| <input type="checkbox"/> | I have been asked by the Data Subject to act on their behalf   |
| <input type="checkbox"/> | I am acting in loco parentis and the Data Subject is under age 16 and is incapable of understanding the request/has consented to my making this request. |
| <input type="checkbox"/> | I am authorised by a Court of Law.   |
| <input type="checkbox"/> | I am the personal representative of a deceased patient and I am applying for access to the patient's health record.                                      |

## Details of application:

Please provide details of the record(s) held that this request relates to e.g. Health Record, HR Record, emails etc. Please provide any information which will help us to identify the record/relevant part of the record, e.g. name of doctor or clinician, illnesses, dates etc. You may also provide details of the reason you want to exercise your rights in relation to this data, if you wish.

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## Contact Details:

Please provide contact details in the event that we need to discuss the application with you. In relation to access to information requests, please also provide an address for the records to be sent to either by email or by post, as you prefer.

|   |  |
|---|--|
| Telephone   |  |
| Email Address ( <i>all emails containing personal data will be password protected</i> ) |  |
| Postal Address if different to above  |  |

## Declaration (to be completed by Applicant, please mark the box to indicate your understanding):

- I understand that by competing and submitting this form I am confirming that the information given by me is correct to the best of my knowledge and that I am entitled to exercise my rights in relation to the personal data referred to on this application form under the terms of the Data Protection Act 2018 and that any information accessed by me regarding this application will be treated in the strictest of confidence.

Please be aware, that we may need to contact you for further information where we need to establish your identity or to satisfy ourselves that you are entitled to act on behalf of the data subject.

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