

THAMES VALLEY SURGICAL AND VASECTOMY SERVICES-

GDPR SUBJECT ACCESS REQUEST FORM

The General Data Protection Regulations (GDPR) provides you, the data subject (the patient), with a right to receive a copy of the data/information we hold about you or to authorise someone to act on your behalf. Please complete this form if you wish to see your data. You will also need to provide proof of your identity. Your request will be processed within 30 calendar days upon receipt of a completed form and proof of identity

We will endeavour to respond promptly and in any event within 30 days 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.

SECTION 1: Details of the person requesting the information

Full Name:	
Date of birth:	
Address:	
Contact Telephone Number:	
Email Address:	

SECTION 2: ARE YOU THE DATA SUBJECT?

Please tick the appropriate box and read the instructions that 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).
(Please go to section 3)

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 originals) of one of both of the following:

1. Proof of identity

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

2. 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)

If we are not satisfied you are who you claim to be we reserve the right to refuse your request.

SECTION 3

Details of data subject (if different from section 1)

Full Name:	
Address:	
Contact Telephone Number:	
Email Address:	

SECTION 4: What information are you seeking?

Personal Information: Please tell us what information you would like to be disclosed. Please include approximate dates to and from:
Additional details: Please give additional details that you feel may be relevant to this request:

Please note that if the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can let you see that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with the section 8(2) of the DPA, not to provide you with copies of information requested if to do so would take “disproportionate effort”, or in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”. However we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

SECTION 5: Declaration.

Please note that any attempt to mislead may result in prosecution.

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 Thames Valley Vasectomy and Surgical Services is true. I understand that it is necessary for Thames Valley Vasectomy and Surgical Services 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)

Address Request to:

**Data Protection Officer
Thames Valley Vasectomy and Surgical Services
The Chalet
27 Meadow Way
Dorney Reach
Maidenhead
SL6 0DR**

Tel: 0345 2255 775

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 in writing as soon as possible:

**Data Protection Officer
Thames Valley Vasectomy and Surgical Services**

**The Chalet
27 Meadow Way
Dorney Reach
Maidenhead
SL6 0DR**