



General Data Protection Regulations 2016 – Subject Access Request Form

The General Data Protection Regulations (GDPR) 2016 provides you, the data subject, 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 fully completed form and proof of identity.

Proof of identity:

We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

The copy documents must be certified, please see link below.

<https://www.gov.uk/certifying-a-document>

Administration fee:

The Consultant Clinic's policy is not to charge for Subject Access Requests.

Section1

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please fill in the details of the data subject below and not your own.

Title:
Surname/ Family Name:
First Name(s)/Forenames:
Date of Birth:
Address:
Post Code:

Previous Addresses:		
Post Code:		
Day Time Telephone Number (s)		

Please provide proof of identity as detailed on page 1.

I am enclosing the following certified copies as proof of identity:

Birth certificate Driving Licence Passport

Personal Information

Individuals have the right to obtain the following from us:

- confirmation that we are processing their personal data;
- a copy of their personal data

Please indicate in the box below what you would like to request.

Details:

Section 2

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

Title:
Surname/ Family Name:
First Name(s)/Forenames:
Date of Birth:
Address:
Post Code:
Day Time Telephone Number (s)

Please provide proof of identity as detailed on page 1.

I am enclosing the following certified copies as proof of identity:
Birth certificate Driving Licence Passport

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What is your relationship to the data subject? (e.g. parent, carer, legal representative)
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I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:

Letter of authority

Lasting or Enduring Power of Attorney

Evidence of parental responsibility

Other (*give details*):

Personal Information

Individuals have the right to obtain the following from you:

- confirmation that you are processing their personal data;
- a copy of their personal data

Please indicate in the box below what you would like to request.

Details:

Data Subject Declaration:	
I certify that the information provided on this form is correct to the best of my knowledge and that I am the person to whom it relates. I understand that The Consultant Clinic feels obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.	
Name:	
Signature:	Date:
OR	
Authorised person – Declaration (if applicable):	
I confirm that I am legally authorised to act on behalf of the data subject. I understand that The Consultant Clinic is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.	
Name:	
Signature:	Date:

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

I wish to:

Receive the information in electronic format

(some files may be too large to transmit electronically and we may have to supply in CD format)

Receive the information by post .*

*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.

Please send your completed form and proof of identity by recorded delivery to:

**The Consultant Clinic
10 Harley Street
London
W1G 9PF**