

Subject Access Request Form

Internal Information



Request for access to Personal Data under the General Data Protection Regulation (GDPR) and Data Protection Acts 1988-2018.

Please complete all parts of this form in full. No fee is chargeable for requests made to access medical files, unless exceptional circumstances apply, in which case we would advise you.

Part 1 – Details of Data Subject (Your Details)

Contact Details (In Block Capitals):

Full Name: _____

Address: _____

Date of birth: _____

Phone:
Home: _____

Mobile: _____

*Email: _____

**Only complete if you would like the medical reports securely e-mailed to you*

Part 2 – Details of Request:

Please outline details of the data sought including as many specific details as possible.

Please let us know relevant period of time or timelines involved, particular report or incident.

Part 3 – Declaration:

Signature of Requester: _____

Date: _____

Please return the completed Form to the Castlepollard Medical Practice.
This form can be hand delivered, posted or e-mailed.

Your request will be acknowledged in the next 7 working days and details issued within 30 calendar days of receipt.

A copy of our Privacy Statement is available at:

<http://castlepollardmedicalpractice.ie/privacy-statement/>