

Cathays Surgery

Individual Rights Request Form

Application to exercise your Individual Rights regarding the way Cathays Surgery processes your personal data

NOTE – It is not compulsory for you to complete this form; however, it will help us deal with your request more efficiently.

This form can also be used if you are making a request on behalf of someone else, however in such instances we will ask you to provide evidence of your entitlement to act and receive information (please ensure you complete section 3) or will seek authority from the individual for whom you have made the request.

You will not be charged for your request. However, the Practice can charge a reasonable fee when a request is manifestly unfounded or excessive, particularly if it is repetitive. We will therefore charge a fee to cover administrative costs where further copies of the same information are requested.

If you have any queries relating to your request, please contact 02920 353020

Your Individual Rights

Subject to certain exceptions, you have various rights regarding the way Cathays Surgery holds your data. If you wish to exercise these rights, please select the relevant option.

How would you describe your relationship with the practice?

- I am a patient
- I am a previous patient
- I represent a staff member
- I am a former employee
- I am a service user
- I am a representative of a patient/former patient

What would you like the practice to do?

- Provide me with a copy of personal data
- Have inaccurate information amended
- Have my information deleted
- Stop the processing of my data

*There are certain conditions that must apply to exercise your right to restrict the processing of your data, to exercise your right to have your data erased and to object to the processing of your data. Please see Annex A for full details

Please complete the following sections carefully and follow the instructions regarding the provision of proof of identity and details of how to return the form to the practice.

Section 1 – Details of the data subject (who the personal information relates to)

Title:	
Surname	
Forename(s)	
Address	
Postal Code	
Date of Birth	
NHS Number (if known)	
Contact Telephone Number	

Section 2 – Details of the request

<p>Please provide as much detail as possible as to the data you are requesting, or actions relating to restriction, erasure, rectification, or objection.</p> <p>Please be as specific as possible as this will speed up the request process, include time periods and specific episodes of illness or treatment wherever possible.</p>
<p>Are there any specific dates you require this information to relate to?</p> <p>Please state:</p>

Section 3 – Identifying the data subject (who the personal information relates to)

<input type="checkbox"/> Yes, I am the data subject Please go to Section 5	<input type="checkbox"/> No, I am not the data subject Please go to Section 4
---	--

Section 4a - Details of the individual requesting the information

Full Name	
Address	
Postal Code	
Date of Birth	
Contact Telephone Number	
Relationship to individual for whom you are requesting data:	

Section 4b - Relationship to data subject

Please describe your relationship with the data subject and the reason that leads you to make this request on their behalf:

--

Section 4c - Authority to release information

A representative will need to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject's signature below or provide a separate note of authority.

If the data subject lacks capacity to give authority in this way, the representative should provide evidence of the authority that it has, such as proof of parental responsibility for children under 12 or Lasting Power of Attorney (LPA).

Should this request be in relation to deceased records, proof of LPA will need to be provided or evidence that the representative has a claim arising from the deceased's death.

I hereby give my authority for the representative named in Section 4a of this form to make a Subject Access Request on my behalf under the UK General Data Protection Regulation

Two pieces of identification are also required (please see section 5)

Signature of Data Subject:

Date:

--	--

Section 5 – Proof of identity and authority

In order to prove the data subject's identity, we need to see copies of two pieces of identification, one from List A and one from List B below.

In addition, if you are acting on the data subject's behalf, we will need evidence of appropriate authority, List C for parental requests for children under 12, or List D for individuals who are deceased or lack mental capacity.

List A (one from below)	List B (one from below)	List C (one from below)	List D (one from below)
<p>Passport – must be valid</p> <p>Driving Licence – must be valid</p> <p>Resident permit issued by the Home Office</p> <p>EEA/EU Identity Card – must be valid</p> <p>If none of the above are available:</p> <p>Birth Certificate or Adoption Certificate – must be valid original or a copy from the General Register Office <i>(NB we can accept the short version or the full version)</i></p>	<p>Bank/Building Society/Credit card statement – Issued to the current address and less than twelve months old</p> <p>Pension/Endowment/ISA statement – Issues to the current address and less than twelve months old</p> <p>Utility Bill (not mobile phone or TV Licence) – Issued to the current address and less than twelve months old</p> <p>Council tax bill/Mortgage statement – Issued to the</p>	<p>Birth certificate</p> <p>Adoption certificate</p> <p>Court Order</p> <p>All of the above must name the requester as an individual with parental responsibility</p>	<p>Lasting Power of Attorney</p> <p>Evidence of a claim arising from the death of the deceased - only information relevant to the claim will be disclosed</p>

Valid Armed or police forces photographic identity card Photographic disabled blue badge	current address and less than twelve months old Hospital appointment letter Recent mortgage statement from recognised lender		
---	--	--	--

Section 6 – Declaration

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that Cathays Surgery may need to obtain further information from me/my representative/the data subject to comply with this request.

Signature:

Date:

Records will be emailed via secure file sharing portal, please provide the email address below:

.....

Please return the completed form along with two pieces of identification to:

Cathays Surgery
 137 Cathays Terrace
 Cathays
 Cardiff
 CF24 4HU

Or via email: Admincathays.surgery@wales.nhs.uk

*For internal use

<input type="checkbox"/> Yes Sufficient evidence has been provided to verify requester’s identity
--

<input type="checkbox"/> Yes <input type="checkbox"/> N/A Sufficient evidence has been provided to verify requester’s identity and proof of authority
--

Annex A – Set criteria to exercise your rights

- **Request the practice restrict the processing of your data**

Your right to restrict data processing only applies in the following limited circumstances:

- There is a query about the accuracy of personal data we hold and only for a period to enable us to verify its accuracy
- The processing is lawful but instead of deletion you wish to restrict its use
- The information held about you is no longer needed for its original purpose
- You have objected to us processing the personal data, in which case processing can be restricted whilst we verify the processing required and our basis for doing so overrides your objection.

- **Request the practice to erase data held about you**

Your right to have data erased only applies in the following limited circumstances:

- Your personal data is no longer required for the purposes it was originally collected
- The basis for processing your data is consent and you have withdrawn consent
- The basis for processing your data is for our legitimate purposes, but our reason does not override your interests
- Personal data is being processed for Direct Marketing purposes and you object to that processing.
- We have processed your personal data unlawfully
- There is a legal obligation to erase data for example a court order
- Data is being processed to offer certain digital services to a child

In most cases, the practice does not process your data or rely on any of the limited circumstances that would allow data to be erased. The Practice is required to ensure it keeps your records in line with the Public Records Act 1958, for public health purposes, including to ensure that you are provided with the correct healthcare treatment.

- **Object to the processing of your personal data.**

Your right to object to processing only applies to the following types of personal data:

Type of Processing	Right to object
Direct Marketing (including Profiling)	You have an absolute right to object
Processing we carry out based on legitimate interest or in the public interest or under official authority	You can object at any time on grounds relating to your situation. We do not have to comply if we have legitimate grounds for the processing
Processing that we carry out for scientific or historical research or statistical purposes (except where the processing is necessary to carry out a task for public interest reasons)	You can object at any time on grounds relating to your situation. We do not have to comply if the processing is necessary for the performance of a task carried out for public interest reasons