



St. Michael's House

# Subject Access Request for Records Under the General Data Protection Regulation (GDPR)

Under the General Data Protection Regulation (GDPR) it is your right to request a copy of any personal data that we hold on you. Please note that this form is to support you with the Subject Access Request process, however we will accept your request if made in writing. If you want to submit a request, send the completed form or letter to the office of the Data Protection Officer in St. Michael's House, Ballymun Road, Dublin 9.

## Details of Applicant

Please use BLOCK letters:

**Applicant's Name:** \_\_\_\_\_

**Service User's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Numbers:**                    1) \_\_\_\_\_                    2) \_\_\_\_\_

### Information / File Contents Requested:

Please state whether you wish to have the complete Clinic File, Specific Information or All Files.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personal Information:

Before you are given access to personal information relating to yourself, you will be required to provide proof of your identity.

### Form of Access:

My preferred form of access: (please tick as appropriate)

- To receive copies of the records by post
- Other – please specify

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only:</b>	Date Subject Access Request Received: _____
	<ul style="list-style-type: none"> <li>▪ Identity Verified: <input type="checkbox"/></li> <li>▪ Consent Confirmed: <input type="checkbox"/></li> </ul>
<b>Applicant Type:</b>	Client <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian / Parent <input type="checkbox"/>