



Subject Access Request Form

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 aid with the Subject Access Request process but we will accept your request made in writing. If you want to submit a request, send the completed form or letter to your local hospital or service provider where you think your records are held. Further information on the Subject Access Request process can be found on the SAR information leaflet or at <https://www.hse.ie/eng/gdpr/>

Full Name

Date of Birth

Any Previous Names

Hospital Chart No. (if applicable)

Current Address

Previous Addresses (if applicable)

Primary phone number | Other phone number

Email address

Please describe the information you are looking for, including dates and locations of services involved.

Please tick to confirm you have attached of copy of a photo ID (Passport, Driving Licence, Public Service Card etc.)

Signature

Date

For Employee Use Only

Received By:

Name

Date

Immediately give this form to your local data protection decision maker