

## Data Protection Subject Access Request (SAR) Application Form

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)

Your details (in block capitals):

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Surname \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

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

### Part 2 – Details of Request

Help Us to Help You!

To assist us in locating the data you are requesting, please include as many specific details as possible in relation to your interactions with us in the past.

Please tell us the relevant period of time or timelines involved, particular report or incident.

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

# Care-Connect

Empowering Healthcare Journeys

## Part 3 - Declaration

Signature of Requester: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form to Care-Connect at: info@care-connect or by post to Data Protection Officer, Care-Connect, Floor 7, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16, D16 FC92

Thank you for completing this form. Your request will be acknowledged in the next 7 working days and details issued within 30 calendar days of receipt.

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### FOR OFFICE USE ONLY

Date of receipt

Acknowledgement issued

Medical reports issued