

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.

Part 3 - Declaration

Signature of Requester: _____

Date: _____

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

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.

A copy of our Privacy Statement is available at: <https://www.toomevarahealthcentre.ie/privacy-statement/>



FOR OFFICE USE ONLY

Date of receipt

Acknowledgement issued

Medical reports issued
