ROTUNDA HOSPITAL - Request Form for Access to Records
The General Data Protection Regulation

1. Details of healthcare records required: (Please use BLOCK LETTERS)

Patient's Surname:	Patient's Maiden Name:	Patient's First Name(s):
Patient's Date of Birth:	Type of Request (Please select one or more of the following options) ☐ **Access to Personal Data** ☐ Maternity ☐ Gynaecology ☐ Paediatric ☐ Colposcopy ☐ Physiotherapy ☐ Laboratory Results ☐Time of Birth ☐ **Rectification of Personal Data** ☐ **Erasure of Personal Data** ☐ **Restriction of Processing** ☐ **Data Portability** ☐ **Object to Processing** ☐ **Withdraw Consent** (if consent was provided previously)	
Patient's Current Address: _____ _____ Patient's Previous Address (if relevant):_____		

2. Optional additional information about the records required:

OPTIONAL additional information: This information can help us to prioritise urgent requests. For example, if you need your record for an appointment in the very near future or you are attending another service please provide details below: _____ _____
If you need something other than the records above please provide details: _____ _____

3. Personal/Requester's details:

Full Name:	Contact Number: Contact Email Address:
Postal Address:_____ **Preferred Method of Response/Receive Requested Records (Choose one)** ☐ Email ☐ Postal Mail	

4. Essential information:

a. This request is processed under The General Data Protection Regulation.

b. A photocopy of your valid photo ID is required - either your passport or driving licence. Please note that your ID must match the name on the records you are seeking, otherwise we may require you to provide us with further details.

c. If you are requesting personal information in respect of another person, the consent of that person AND a photocopy of their valid photo ID is required, along with a photocopy of your own photo ID.

d. Please note that for the purposes of processing your request your details will be held on a database and the records may be sent to an offsite company for scanning and processing.

e. Please note, since May 2018 and in line with Data Protection Law, copies of ID and other supplementary documentation are only retained for the purpose of verifying and processing your request. Once request is finalised they will be destroyed.

5. To be signed by all:

I request access pursuant to Article 15 of The General Data Protection Regulation.

Signed: _____Per_____ Date: _____

To request access to your personal data under the General Data Protection Regulation (GDPR), please complete this form and submit it by one of the following methods:

• Email: dpo@rotunda.ie
• Post: Information Governance Department, The Rotunda Hospital, Parnell Square, Dublin 1

Please ensure that all relevant sections are completed and that a copy of valid photo identification is included.