

Subject Access Request – Data Subject Representative Form – General Data Protection Regulations 2016

This form is for any person who wishes to apply on behalf of a person with a bleeding disorder or other data subject, for access to their personal data held by UKHCDO. Please read the Subject Access Request Guidance Notes below before completing this form. A separate form should be completed for each individual.

NOTE: This is not a mandatory form – Subject Access Requests made in other formats will also be accepted, but this form is designed to assist you in selecting the appropriate request and speed up the process of fulfilling your request.

Subject Access Request Guidance - For any person who wishes to apply on behalf of a person with a bleeding disorder or other data subject,

Please read before filling in the Subject Access Request Form

Which sections should I complete?

Sections 1 - 6 should be completed for all applications.

Section 3 (Proof of the applicant's identity) – We require proof of your identity before we can disclose personal data. Proof of your identity should include a copy of two documents such as your birth certificate, passport, driving licence, official letter addressed to you at your address e.g. bank statement, recent utilities bill or council tax bill. The documents should include your name, date of birth and current address. If you have changed your name, please supply relevant documents evidencing the change.

If you do not have any of the forms of identity listed, we may in exceptional circumstances accept alternatives for consideration. Please contact us to discuss if this might be an issue for you.

If you cannot provide us with satisfactory proof of identity, your application will be rejected.

What information will help with the processing of my subject access request?

Identification of relevant information will be easier if you can provide any references relating to your personal data.

How long will it take to get my data?

Your request will be processed within 30 calendar days upon receipt of verification of your subject access request and proof of identity. The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request.

General Notes

1. We will acknowledge your application in writing.
2. There is no fee for a Subject Access Request. However, we respect the right to charge a 'reasonable fee' when a request is manifestly unfounded or excessive, particularly if it is repetitive.
3. When we process information requests for children aged 16 or over and spouses, we require their signature of authority before disclosing data. A separate application form should be completed for each individual. Sections, 5, 6 and 7 should be completed by a parent/guardian for a child under 16.
4. The documents that you receive may have data redacted (blacked-out) or contain rough notes that may lack clarity. This is because we aim to supply copies of the original records whenever possible. However, as UKHCDO records may also include third party information that we cannot release to you under the General Data Protection Regulations 2016, e.g. another person's information, this is removed accordingly, where appropriate.
5. We will not disclose information by fax or telephone. Disclosure by post is usually made by first class post to the address you provide in section 1 or, if appropriate, to your representative named in section 5.

Checklist

- Have you completed all relevant sections of the form?
- If you are signing as a parent or guardian of a child under 16, have you provided a photocopy of their full birth certificate, photocopies of any court orders and proof of your parental responsibility?
- If you are a representative, has your client signed the authority in Sections 3 and 6 or provided a separate signed note of authority?
- Have you enclosed two pieces of identification from the lists in Section 3 (one from each of A and B)?
- Have you signed the declaration in Section 6?
- Have you provided as much information as possible to enable us to find the data you require?

Please send your completed form and proof of identity to:

NHD – Subject Access Requests
Suite 1, 2nd Floor of Anchorage One
Anchorage Quay
Salford Quays
M50 3YJ

Tel: +44 (0) 161 850 8102
Email: support@ukhcdo.org

Section 1: Personal details of Data Subject (Person with bleeding disorder or other data subject)

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other	<input type="checkbox"/>		
Surname / Family name:			
First Name(s)/Forenames:			
Date of Birth: (dd/mm/yyyy)	/...../.....	
Address (or last known address):			
Postcode:			
(If residing at this address for less than two years please provide the previous address)			
Previous Address:			
Postcode:			
Daytime telephone number:			
Email address:			



Section 2: Personal details of the Data Subject's representative

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are **NOT** the data subject, but an agent appointed on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf.

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>
Other	<input type="checkbox"/>		
Surname / Family name:			
First Name(s)/Forenames:			
Date of Birth: (dd/mm/yyyy)/...../.....		
Address:			
Postcode:			
(If residing at this address for less than two years please provide your previous address)			
Previous Address:			
Postcode:			
Daytime telephone number:			
Email address:			

Section 3: Proof of identity of the Data Subject's representative

Please provide proof of identity as detailed in section 2.

In order to prove the applicant's identity, we need to see copies of two pieces of identification, one from list A and one from list B below. Please indicate which ones you are supplying. If your surname, or full name has changed and is different to that of the person you are requesting the information on their behalf, please can you also provide evidence of the change in your surname or full name as you deem appropriate

Please DO NOT send an original passport, driving licence or identity card

List A (photocopy of one from below)

List B (plus one original from below) *

Passport/Travel Document	<input type="checkbox"/>	A letter sent to you by UKHCDO	<input type="checkbox"/>
Photo driving licence	<input type="checkbox"/>	Utility bill showing current home address	<input type="checkbox"/>
Foreign National Identity Card	<input type="checkbox"/>	Bank statement or Building Society Book	<input type="checkbox"/>
Child under 16 : Full birth certificate	<input type="checkbox"/>		<input type="checkbox"/>
Child under 16 : Court Order(s)	<input type="checkbox"/>		<input type="checkbox"/>



Death Certificate (mandatory for deceased patients, in addition to the two pieces of identification listed above)		<input type="checkbox"/>
What is your relationship to the data subject? (e.g. parent, carer, Next of kin, legal representative)		
I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:		
Letter of authority	<input type="checkbox"/>	Lasting or Enduring Power of Attorney <input type="checkbox"/>
Evidence of parental responsibility	<input type="checkbox"/>	Other (give details): <input type="checkbox"/>

Section 4: Right to be informed

You as the 'Authorised Representative' have the right to obtain confirmation from UKHCDO on behalf of the data subject's that their personal data is being processed.

Would you like to obtain confirmation that your data is being processed by UKHCDO, and be given a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations or people?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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For further information on what personal data you are entitled to access and how UKHCDO processes your data in compliance to GDPR, please read our Privacy notice: http://www.ukhcdo.org/wp-content/uploads/2019/10/UKHCDO_Ltd_Privacy_Notice_Final.pdf

For more detail on what personal data you are entitled to access, please see the following guidance on the Information Commissioners Office website:

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-be-informed/>

Section 5: Other Data Subject Access Rights that you are entitled to request as an authorized representative

In addition to obtaining confirmation about personal data on behalf of another person that UKHCDO are processing, as an authorised representative, you are also entitled to exercise other rights under GDPR on the data subjects behalf. You may not want to access these options now, and can revisit these options once you have obtained your personal data.

Which (if any) of the following rights do you wish us to exercise?

Access your data	<input type="checkbox"/>	Rectify your data	<input type="checkbox"/>
Erase your data	<input type="checkbox"/>	Restrict the processing of your data	<input type="checkbox"/>
Transfer your data	<input type="checkbox"/>	Object to the processing of your data	<input type="checkbox"/>
Object to automated decision-making	<input type="checkbox"/>		



Section 6: Data Subject Declaration (Authorised Representative):

Authorised Representative – Declaration (if applicable):

I confirm that I am legally authorised to act on behalf of the data subject. I understand that UKHCDO is obliged to confirm proof of identity/authority and it may be necessary to obtain further information in order to comply with this subject access request.

Name:

Signature:

Date:

Warning: a person who unlawfully obtains or attempts to obtain data is guilty of a criminal offence and is liable to prosecution.

I wish to:

Receive the information in electronic format*	<input type="checkbox"/>	Receive the information by post**	<input type="checkbox"/>
Collect the information in person	<input type="checkbox"/>	View a copy of the information only	<input type="checkbox"/>
Go through the information with a member of staff	<input type="checkbox"/>		

*Some files may be too large to transmit electronically and we may have to supply in another format

** Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in your household. Loss or incorrect delivery may cause you embarrassment or harm if the information is 'sensitive'.

For official use only	
Form received by:	
Telephone No:	
Date received:	
30 calendar days expires	
Original proofs checked and returned to applicant:	YES/NO
Or if received by post, copy documentation attached:	YES/NO
Date returned	
Indicate nature of ID seen/supplied:	
Valid reason for request:	YES/NO
Is request considered to be excessive:	YES/NO
Fee attached (only if request has been determined as being excessive):	YES/NO
If agent: letter of authority attached:	YES/NO
Request referred to (person's name):	
Date:	
Response completed and sent:	