**Connolly Hospital Blanchardstown**

**Subject Access Request for personal records under the GDPR/Data Protection Acts**

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| What records are you requesting? Where possible, please provide relevant dates and specific records being requested. |
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| Fill in the following details (BLOCK CAPITALS) |
| Surname: First name: |
| Address: |
|  |
| Date of Birth: Mobile: |
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| How would you like to review the records |
| 1. To receive photocopies (B) To inspect the original records |

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| Please attach one of the following as proof of identification of the requester: |
| (A) Copy of current passport (B) Copy of current drivers licence |

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

If you require any help in completing this form please call 01-6465696. Please return this form to FOI & Data Protection Office, 1st Floor, Administration Building, Connolly Hospital, Blanchardstown, Dublin 15 or email it to [datagovernance.chb@hse.ie](mailto:datagovernance.chb@hse.ie)

Please note that under GDPR you should receive a copy of your requested records within one (1) month of the FOI & Data Protection Office having reviewed your valid request. The one (1) month timeframe does not commence until a valid request is received which includes a copy of an up to date valid photographic ID. Should there be a delay in releasing your records, the FOI & Data Protection Office will inform you of same in advance of your request being due.