

4 SIGHT Opticians Subject Access Request (SAR) Form

Pursuant to GDPR, you are entitled access to the personal information that we hold about you. Not all information held is of clinical relevance, and therefore you may want to choose the specific category of information that you request. We may respond more quickly if you identify the specific data you want.

There is no charge for a subject access request under GDPR, however a charge can be made, or the SAR refused if deemed manifestly unfounded or excessive.

In order to complete a Subject Access Request, please complete this form as accurately as possible, we will complete your request within 1 calendar month or 28 days.

SECTION 1 - DETAILS OF THE DATA SUBJECT

Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other <input type="checkbox"/> (please state).....
First Name	
Family Name	
Date of Birth (dd/mm/yyyy)	
Current Address	
E-Mail address	
Telephone Number	
To process your request, we require verification of your identity. Please provide a copy (Not original) of a form of identity. E.g. Passport, Driver license, ID Card etc.	

SECTION 2 - ARE YOU THE DATA SUBJECT?

<input type="checkbox"/> Yes If you are the data subject, please go to Section 4	<input type="checkbox"/> No If you are acting on behalf of the data subject, please go to Section 3
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SECTION 3A - DETAILS OF THE PERSON REQUESTING THE INFORMATION (IF DIFFERENT TO SECTION 1)

Title (please tick one)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other <input type="checkbox"/> (please state).....
First Name	
Family Name	
Company (if applicable)	
Address (must NOT be a PO box address)	
Telephone number	
Email address	

SECTION 3B – RELATIONSHIP WITH DATA SUBJECT.

Please describe your relationship with the data subject that leads you to make this request on their behalf:

SECTION 3C – AUTHORITY TO RELEASE INFORMATION

A representative needs to obtain authority from the data subject before personal data can be released. The representative should obtain the data subject’s signature below, or provide a separate note of authority. This must be an original signature, not a copy (tip: using blue ink often helps verification) and must match that of the subjects ID.

If the data subject lacks capacity to give authority in this way, the representative should provide evidence of the authority that it has as power of attorney.

I hereby give my authority for the representative named in Section 3 of this form to make a Subject Access Request on my behalf under the General Data Protection Regulation (Regulation (EU) 2016/679)

Signature of Data Subject:	Date:
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SECTION 4A - DETAILS OF INFORMATION REQUIRED

Please tick relevant data categories:

- | | | |
|---|--|--|
| <input type="checkbox"/> Most up-to-date eye test result (spectacle prescription) | <input type="checkbox"/> Previous eye test result (spectacle prescription) | <input type="checkbox"/> Financial History |
| <input type="checkbox"/> Most up-to-date contact lens prescription | <input type="checkbox"/> Previous contact lens prescription | <input type="checkbox"/> Older Clinical History |
| <input type="checkbox"/> Most recent Doctors referral (if applicable) | <input type="checkbox"/> Previous Doctors referral (if applicable) | <input type="checkbox"/> Correspondence History |
| <input type="checkbox"/> Most up-to-date eye test record | <input type="checkbox"/> Previous eye test record | <input type="checkbox"/> Contact Information |
| <input type="checkbox"/> Most recent glasses order | <input type="checkbox"/> Previous glasses order | <input type="checkbox"/> I wish to be informed of what personal data of mine is being held by your organisation |
| <input type="checkbox"/> Most recent Visual field results (if applicable) | <input type="checkbox"/> Previous Visual field results (if applicable) | <input type="checkbox"/> I wish to be informed about a specific piece of personal data of mine which your organisation holds. Specify Below: |
| <input type="checkbox"/> Most recent Fundus images (if applicable) | <input type="checkbox"/> Previous Fundus images (if applicable) | |

Any other / specific personal data that relates to known dates - please advise:

In what format would you like to receive these copies?	Paper / Electronic?
The UK GDPR provides the following rights, please confirm if would like to exercise any of you rights:	
Erase my personal data	YES / NO
Make changes to my personal data	YES / NO Specify required change:
Object to or restrict the processing of your personal data	YES / NO Specify:
Transfer your data	YES / NO Specify:

SECTION 4B - REASON FOR REQUEST

We will endeavor to provide your requested information in a useable and understandable format. In order to do this, please give us some information regarding the reason for you SAR, and your intentions for using this data.

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SECTION 5 - DECLARATION

The information which I have supplied in this application is correct, and I am the person to whom it relates or a representative acting on his/her behalf. I understand that 4 SIGHT Opticians may need to obtain further information or proof of identity from me/my representative in order to comply with this request.

Signature of Data Subject/Representative:.....Date:.....

To proceed with your Subject Access Request please return the completed form to:

4SightDPO@clinicalDPO.com

Or Post to:

DPO
4 SIGHT Opticians
Eyecare House,
5 Hollies Court,
Cannock,
WS11 1DB

Office use only:

Date received: _____
Name

Position

By: _____