

## 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. Your SAR will be completed electronically and your personal information will be sent to the E-mail address listed in section 1 - we will aim to complete this within 30 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)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address	
E-Mail address	
Telephone Number	

### 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).

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"/> Correspondance 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"/> Most recent Visual field results (if applicable)         | <input type="checkbox"/> Previous Visual field results (if applicable)     |   |
| <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:

**SECTION 4B - REASON FOR SAR**

We will endeavour 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.

**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:

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

or email to: [4SightDPO@clinicalDPO.com](mailto:4SightDPO@clinicalDPO.com)