

Data Subject Access Request Form

Request for Access to Personal Data under the General Data Protection Regulation (GDPR)



Part 1 Details of Data Subject (Person the information is requested for)

If you are requesting data on behalf of a patient, additional information is needed. This is outlined in Part 4.

Please indicate the hospital you are requesting information from:

Mater Private Dublin

Mater Private Cork

Mater Private Network Limerick

First Name:*

Surname:*

Maiden Name: (If applicable)

Date of Birth:* DD/MM/YYYY

Current Address:*

Previous Address(es):

Phone Number:

Email Address:

** Mandatory fields. The request may be submitted once the mandatory fields above have been completed. However in order to verify this request the additional details below may still be required.*

Part 2 Details of Request

The period of time for which data is sought:

Please indicate the timeframe for this request (e.g. July 2016 or January 2016 - April 2016)

Relevant Departments

There are departments in the hospital that store records separately to the patient medical chart. Please tick below if you need to request records from any of the following departments:

Dublin (if applicable)

Day Diagnostic	Health Check	Radiotherapy
Diabetes Centre	Oncology	Retinal Services
Emergency Department	Physiotherapy	Sleep Lab
Eye Laser / Eye Centre	Radiology	Urgent Cardiac Care (UCC)

Cork (if applicable)

Cardiology	Orthopaedic & Spine	Respiratory
Emergency Department	Pain Management	Rheumatology
Gastroenterology	Physiotherapy	Urology
Ophthalmology	Radiology	Vascular Surgery

Please provide as much information as possible to help us identify and locate the personal information requested, including any specific identifiers (reference numbers, identity (ID) numbers, department attended).

Please indicate the records being requested:

Please identify the reason(s) for this Data Subject Access Request (OPTIONAL)

Part 3 Verification of Identity

For us to verify your identity, please provide a copy of one form of Photographic identification (tick whichever provided):

- Current Passport
- Current Driving Licence
- Public Services Card
- Other Official Identity (ID)
- Please specify, for example a Death Certificate:

Part 4 Requesting on the behalf of the patient as their designated Next of Kin (NOK)

A Next of Kin can request information on the patient's behalf if the patient is deceased, incapable or under the age of 18. You may be asked to provide evidence of "Power of Attorney" or "Wards of Court" to the hospital in such circumstances.

In order for us to verify the Next of Kin identity and verify the patient's consent to give you permission, please complete the following:

**First Name
of Next of Kin:**

**Surname
of Next of Kin:**

**Maiden Name
of Next of Kin: *(if applicable)***

Date of Birth of Next of Kin: *DD/MM/YYYY*

Current Address of Next of Kin:

Previous Address(es):

Verification of Identity for Next of Kin:

In order to verify your identity, please provide a copy of one form of photographic identification (*tick whichever provided*):

Current Passport

Current Driving Licence

Public Services Card

Other Official Identity (ID) Please specify:

Phone Number of Next of Kin:

Email Address of Next of Kin:

Part 5 Declaration

I declare that all the details provided in this form are true and complete to the best of my knowledge.

Signature:

Date:

Part 6 Checklist

Please remember to check that you have:

- 1 Completed the Subject Access Request form in full
- 2 Signed and dated the Declaration
- 3 Provided sufficient details to locate the personal data requested
- 4 Provided appropriate Proof of Identity

Contact Details

Mater Private Network Dublin

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Mater Private Network Cork

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