

Subject Access Request Form

Under the General Data Protection Regulation, you are entitled as a data subject to obtain from Urology Chambers Limited, confirmation as to whether or not we are processing personal data concerning you, as well as to request details about the purposes, categories and disclosures of such data.

You can use this form to request information about, and access to any personal data we hold about you. Details on where to return the completed form can be found at the end of this document.

1. Personal Details:

Data Subject's Name:		DOB:	__ / __ / ____
Home Telephone No:		Email:	

Data Subject's Address:

Any other information that may help us to locate your personal data:

2. Specific Details of the Information Requested:

3. Representatives *(only complete if you are acting as the representative for a data subject)*

[Please Note: We may still need to contact the Data Subject where proof of authorisation or identity are required]

Representative's Name:		Relationship to Data Subject:	
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Telephone No:		Email:	
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Representative's Address:

I confirm that I am the authorised representative of the named data subject:

Representative's Name: _____ **Signature:** _____

4. Confirmation

Data Subject's Name: _____ [print name]

Signature: _____ **Date:** ____ / ____ / ____

5. Completed Forms

For postal requests, please return this form to:

Linda Morrell, Urology Chambers Limited, 39 Shepherds Hill, Highgate, London N6 5QJ

For email requests, please return this form to: Linda Morrell at info@ronaldmiller.com