

Data Subject Access Record Request Form

Request for access to Personal Data under the [General Data Protection Regulation](#) (the GDPR) and Data Protection Acts 1988-2018.

Notes

1. In order to respond to your request for personal data, you will need to provide us with adequate Proof of Identity.
2. Where a request is manifestly unfounded, excessive, of a repetitive nature or where more than one copy of the data is sought, a fee may apply.
3. Data Subject Access Requests can be made by a Third Party on behalf of the data subject, e.g., a solicitor. In such circumstances Bon Secours must be satisfied that the Third Party has the individual's authority, for example by providing us with a signed authorisation.
4. You may contact our Data Protection Officer to assist you in the completion of this Form.
5. A copy of our Privacy Statement is available at: <https://www.bonsecours.ie/data-protection-and-privacy>

Data Retention

Bon Secours will only keep a copy of identification documents until your Data Subject Access Request has been fully processed and issued to you and all relevant review or appeal procedure timelines have expired. Proof of identification sent with your Data Subject Access Request form will be securely destroyed once your identity has been verified

Please complete **all parts** of this Form **in full**.

Personal Details			
Surname		Forename	
Middle Name		Date of Birth	
Contact phone number		E-mail Address (if applicable)	
Current address and Eircode		Eircode	
Previous address and Eircode (if applicable)		Eircode	

Help Us to Help You!

To assist us in locating the personal data you are requesting, please include as many specific details as possible in relation to your interactions with us in the past (e.g., the services you may have received from Bon Secours).

Please provide a list of records requested (if known) (e.g., radiological imaging only, full medical record including any radiological imaging, etc., invoices issued, my consent form)

Please tell us the relevant period of time or timelines involved (i.e., the relevant dates e.g., *01 January 2019 – 31 December 2020* for which you are seeking the personal data).

Please provide us with any reference numbers relating to your contact with us in the past (e.g., previous correspondence references, Medical Record Number, etc.).

Please provide us with any other specific details that you feel are relevant in assisting us in locating your personal data. (e.g., by providing us with as much detail as possible in relation to your Data subject access request, we will be able to assist you more efficiently).

Proof of Identification

Please mark which one of the following you have provided

- Passport
- Driving License
- Birth Certificate
- Other (Please specify e.g., Public Service Card)

And

- Copy of a recent Utility Bill

Note: Third party applications (e.g., if you are making a request on behalf of an individual as their solicitor or guardian) please provide Bon Secours with a signed authorisation from the data subject. Please provide your details below and state your relationship with the data subject.

Full Name		Address and Eircode	
Email address		Contact Phone Number	
What is your relationship to the individual whose personal data you are requesting?			

Hospital/ Facility location	<p>Please mark the facility where you believe that the requested personal records are retained (if known):</p> <p>Bon Secours Cork Hospital</p> <p>Cork Care Village</p> <p>Bon Secours Dublin Hospital</p> <p>Bon Secours Galway Hospital</p> <p>Bon Secours Limerick Hospital</p> <p>Bon Secours Tralee Hospital</p> <p>Bon Secours Corporate</p>
My preferred form of access is:	<p>Please Note: In some instances, your personal records may only be transferable electronically for example radiological imaging).</p> <p>To receive photocopies by post</p> <p>To receive soft copy by email</p> <p>To collect in person</p> <p>Other, please detail</p>
<p>NOTE: Please note Bon Secours do not routinely operate a collect in-person system at its facilities. Requestors who wish to collect their records in person will be asked to sign a receipt at reception and provide proof of identification before records will be provided.</p>	

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

Signature of Requester:	
Date:	

Please return the completed form by email to the appropriate DPO email account

Facility	Email Contact Details	Facility	Email Contact Details
BSHS Cork	dpbsc@bonsecours.ie	BSHS Tralee	dpbst@bonsecours.ie
BSHS Dublin	dpbsd@bonsecours.ie	Mt Desert Care Village	dpbsj@bonsecours.ie
BSHS Galway	dpbsg@bonsecours.ie	Bon Secours Group	dpo@bonsecours.ie
BSHS Limerick	dpbsl@bonsecours.ie	Chief Data Protection Officer	dpo@bonsecours.ie

Or alternatively return by post marked confidential to:

Data Protection Officer

Bon Secours Health System Group Offices,
 7 Riverwalk,
 Citywest,
 Dublin 24, D24 H2

Further information on Data Protection:

Data Protection Commission

See: www.dataprotection.ie