

Subject Access Request Form

Before you begin

Please complete this form to request a copy of your personal data held by Bupa Dental Care and details of the processing. Please write in **BLOCK CAPITAL LETTERS** or mark the appropriate box with an X.

Please return the completed form to your practice by either post (we recommend sending by recorded delivery) or by email.

Please be aware that information you send to us by email may not be secure unless you send us your email through Egress Switch. For more information and to sign up for a free Egress Switch account, go to: <https://switch.egress.com>. This is a free service.

This form makes it easier for you to include all the details we might need to locate your information so we can process your subject access request as quickly as possible. However, if you'd prefer not to use this form, you can also contact your practice to request a copy of your personal data without it.

What is the Right of Access?

Under privacy law, everyone has the right to ask organisations to confirm if their personal information is being used and, if so, provide a copy of that information and details about its use at any time. This is known as a 'Subject Access Request'. It's designed to protect you by giving you control over your personal information and make sure you can find out how organisations are collecting, storing, and using it.

If you're a prospective, current, or previous patient of Bupa, we'll have collected and stored information about you to provide you with (or quote for) our services. For example, if you visited one of our dental practices for treatment, we'll hold information about you such as how to contact you and details of your treatment.

Bupa is committed to safeguarding your privacy and complying with privacy law. We only use and retain personal information for as long as is necessary, where we have a legitimate business purpose or legal requirement to do so. Please see our privacy notice at www.bupa.co.uk/privacy for details about how we use your information.

You can formally request a copy of any information we hold about you at any time by making a Subject Access Request, including details of:

- What information we hold, how long we'll store it for, and why.
- How and why we're using your information.
- Where the information came from and who we share it with.
- Any 'profiling' or 'automated decision making' involving your information.

✔ You <u>have</u> the right of access if:	✘ You <u>do not</u> have the right of access if:
The personal information is about you or you're a representative of that individual and you have their permission to request access.	The personal information is not about you and you don't have that individual's permission to request access. OR Accessing the data would adversely affect the rights and freedoms of other individuals.

Firstly, please tell us who you are:

The information is about me personally

I'm requesting the information on behalf of someone else

Section 1

Details of the individual whose personal information is being requested

Mr Mrs Miss Ms Other (please tick or list title if other)

First name

Last Name

Address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Email address

Relationship with Bupa (Please mark the appropriate box with an	Customer/Patient	<input type="checkbox"/>
	Prospective Patient	<input type="checkbox"/>
	Dentist/Associate	<input type="checkbox"/>
	Employee	<input type="checkbox"/>

The practices/locations visited (if applicable)

Section 2

Your details if you're making the request on someone else's behalf

(please ignore this section if you're making the request about your own information)

Mr Mrs Miss Ms Other (please tick or list title if other)

First name

Last Name

Address

Postcode

Email address

Relationship to person in Section 1

Section 3

Details of the personal information being requested

Please tell us which of our services you've used to help us locate the information as quickly as possible.

Please use the space below to describe the information or records you would like a copy of. Please provide as much detail as possible so that we can identify your records quickly and give you everything you need. If you leave this section blank, we'll provide you with all the relevant information we've identified which relates to your request.

Helpful detail would be, for example:

- Timeframe the information relates to,
- The reason the information is being requested, and
- Names of the individuals/teams considered to be handling your information.

Please specify the timeframe the information relates to
(You do not have to provide this information, but it may help us to locate the information you require)

From: To:

How would you like to receive the information?	Post – Courier (signed for) <input type="checkbox"/>	* For more information and to sign up for a free Egress account, please go to https://switch.egress.com . You will not be charged for receiving secure emails from Bupa.
	Secure Email* <input type="checkbox"/>	
Please confirm the address you wish the information to be sent to	Address listed in Section 1 <input type="checkbox"/>	(Please note if you're requesting your own information and you list an address which is different to what we have on file for you, we'll write to you to confirm your address)
	Address listed in Section 2 <input type="checkbox"/>	

Section 4

Proof of identity of the individual

I'm the individual in section 1 and I enclose a **copy** of **one** of the following to confirm my identity: *(Please do not send original documents. Please mark with an X or tick)*

Full valid driving licence	<input type="checkbox"/>
Birth certificate or certificate of registry of birth or adoption certificate	<input type="checkbox"/>
Full valid current passport	<input type="checkbox"/>
Utility bill within the last 3 months	<input type="checkbox"/>
ID card issued by a government authority	<input type="checkbox"/>

Section 5

Evidence of authorisation if you're acting on behalf of the individual

(Please ignore this section if you're making the request about your own information)

Please complete **either** Part **A**, **B**, or **C** below. *(Please send copies, not original documents)*

Information relating to someone else will not be disclosed without this information.

Requests on behalf of children aged 16 or over must be made using Part A or C.

Part A

The **individual in Section 1** has given me permission to make this request on their behalf by signing and dating below: Signature:

Date:

OR

I already have written consent from the individual which I enclose *(please tick)*.

AND

I enclose a **copy** of my passport or driving licence.

Part B

I'm the parent or legal guardian of the **individual in section 1** and I enclose a **copy** of a Birth Certificate or Certificate of Adoption which confirms this.

AND

I enclose a **copy** of my passport or driving licence.

Part C

I enclose a **copy** of a Lasting Power of Attorney (LPA) on behalf on the **individual in Section 1** for:

(Please note that information can only be disclosed if you have the applicable power of attorney.)

Health and Welfare

Property and Financial Affairs

AND

I enclose a **copy** of my passport or driving licence.

Section 6

Declaration

I declare that, to the best of my knowledge, the information I have provided is correct.

I am aware that impersonating another, or attempting to impersonate another, is a criminal offence.

I understand that Bupa will retain copies of my correspondence in this matter.

Print name:

Signature:

Date

Once you submit this form to us, we'll review it and contact you if we need any further information to fulfil your request. On receipt of a valid request, we'll respond to you within one calendar month.

Please note that there are a number of exemptions from the obligation to provide information in response to a Subject Access Request. This means that in some cases, we may not provide you with all the information we hold about you. Where this is the case, we'll provide you with information about how we've applied these exemptions.