**Individual Rights Request form**

Under GDPR and Data Protection Act, you have the following rights:

* The right to request a copy of your personal data;
* The right to request that the we correct any personal data if it is found to be inaccurate or out of date;
* The right to request your personal data is erased where it is no longer necessary for the Dental Academy to retain such data;
* The right to request that the transfer of your data to another practice;
* The right to request a restriction is placed on further processing of your data, where there is a dispute in relation to the accuracy;
* The right to object to the processing of personal data being used for direct marketing, profiling and research;

# Details of the person requesting the information

Full name .................................................................................................................................

Date of Birth………………………………..

Address ....................................................................................................................................

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..............................................................Postcode .....................................................................

# Are you the data subject?

The **data subject** is the individual to whom the information requested relates.

Please tick as appropriate

**YES.** If you are the Data Subject please supply the following evidence so that we can check that we are releasing the data to the correct person. Evidence required:

your date of birth

your address

copy of photographic ID e.g. passport, driving licence or other photo ID – this can be sent to [dental.academy@port.ac.uk](mailto:dental.academy@port.ac.uk), or presented in person.

**NO.** If you are acting on behalf of the Data Subject, you must be in possession of, and provide a copy to the University of, written authorization from the Data Subject to obtain their personal data, before this request will be processed. The University will still require to see confirmation of the identity of the Data Subject, or verification from you that you have confirmed the identity of the Data Subject. Please attach these documents to this form before submitting to the University or send electronic copies of the documents to [dental.academy@port.ac.uk](mailto:dental.academy@port.ac.uk)

# Details of the Data Subject (if different from above)

Full name ..................................................................................................................................

Date of birth ..............................................................................................................................

Address .....................................................................................................................................

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..........................................................................Postcode .........................................................

# Please describe your relationship to the Data Subject.

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# Request details

# Please confirm the nature of your request:

Please tick as appropriate

3.1 I wish to request a copy of my personal data. [ ]

If you wish to see only certain specific information about yourself, for example, information about a particular appointment, please describe this below in as much detail as possible, providing identifying information including dates:

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3.2 The right to request that the transfer of your data to another practice. [ ]

*(Please note data will be supplied to you to pass onto the practice)*

3.3 I wish to request a correction of my personal data. [ ]

Please provide information in as much detail as possible about the data that you would like corrected and why it is inaccurate and / or out of date, or if you believe in to be incomplete.:

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* 1. I wish to request a restriction is placed on further processing of my data, whilst my request under 3.3 is being verified. [ ]

3.5 I wish to request that my personal data is erased. [ ]

If you only wish for specific data to be erased please detail below. Please explain why you believe it is no longer necessary for the Dental Academy to retain such data. Please note that the right to erasure is not an absolute right and does not apply in all cases.

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3.6 I wish to object to the processing of personal data being used for direct marketing, profiling and research: [ ]

We do not routinely process personal patient data for direct marketing or profiling, but do use information for research but only where you consent. Please detail how you believe you data is being used and the processing you are objecting to.

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1. Please confirm whether you wish to receive your personal data in electronic or paper form.
   1. If you select the electronic option, you will be sent an email with your personal data included in encrypted attachments. Once your information is ready, you will receive an email from the University with the encrypted attachment(s) and you will need to contact the University for the password in order to decrypt the attachment. More details on how to do this will be included in the email that sends your data to you. Data can also be provided without encryption or downloaded on to a data stick that you provide, however you need to be aware that this is not a secure way of holding the data and is at your risk.

If you select the paper option, your personal data will be sent to you via first class recorded delivery post, to the address you provided in Section 1 above. Alternatively you can arrange to collect your data in person at the patient reception of the Dental Academy on the production of identification.

* 1. Please indicate your choice:

[ ] Data sent by email – enter your email address here

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[ ] I do not wish to receive encrypted data and accept any risks associated with this

[ ] Data sent by first class recorded delivery post

[ ] Data to be collected in person (please bring identification)

# Declaration

I, , certify that the information given on this application

form to the University of Portsmouth is true. I understand that it is necessary for the University to confirm my / the Data Subject’s identity and it may be necessary to obtain more detailed information in order to locate the correct information.

Signed ................................................................................ Date .............................................

Please send the completed form with your proof of identity to the **Information Governance Lead, University of Portsmouth Dental Academy, William Beatty Building, Hampshire Terrace, Portsmouth, PO1 2QG or by email to** [**dental.academy@port.ac.uk**](mailto:dental.academy@port.ac.uk)

Documents which must accompany this application are:

* + 1. Evidence of the Data Subject’s identity
    2. Evidence of the Data Subject’s consent to disclose their personal data to a third party (if required as indicated above)