



KING EDWARD VII'S
HOSPITAL

Subject Access Request Form

Beaumont Street, London W1G 6AA
Tel: 020 7467 434
Email: datarequest@kingedwardvii.co.uk
Website: kingedwardvii.co.uk

As a hospital we collected certain personal information about patients in order to provide care and treatment and to meet certain legal requirements. As a data subject you have a right under the General Data Protection Regulation (GDPR) to find out about the use of your personal data and to request the data we hold on you.

Whilst you do not have to use this form to make a subject access request, it is helpful for us to manage your request effectively. We may contact you to request additional supporting information and/or proof of your identity to safeguard your privacy and personal data.

If you are making a Subject Access Request on someone else's behalf they will need to provide clear documented consent that they are allowing you to access their data. If we are not satisfied with the consent provided we will contact the individual directly to verify the request.

No fee is payable under normal circumstances, but we do reserve the right to charge a reasonable administrative fee for requests that are complex and we will advise you as such.

We aim to respond to all Subject Access Requests within a month of receipt. If we require more information from you, or if the request is complex, we may require more time and we will inform you of this accordingly.

Please complete the sections below and send it back to DataRequest@kingedwardvii.co.uk or by post to:

Data Request
Medical Records Department
King Edward VII's Hospital
5-10 Beaumont Street
London
W1G 6AA

Where data is requested electronically, the data requested will be sent via encrypted e-mail to the recipient. This allows for an efficient and secure communication that can be tracked and audited.

The hospital has a Data Protection Officer who provides expert advice and support on data matters.



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Patient details

Title	<input type="text"/>	Address	<input type="text"/>
Forename	<input type="text"/>		
Surname	<input type="text"/>		
Phone number	<input type="text"/>		
Email address	<input type="text"/>		

Information being requested

Please provide specific details, including location and dates, of the information being requested and any additional information that may help us to locate your personal data and confirm your identity

Declaration

By signing below you are confirming you are the individual named in this Subject Access Request form.*

Name	<input type="text"/>	Signature	<input type="text"/>
Date of birth	<input type="text"/>	Date of signing	<input type="text"/>