

## **Right to Rectification Form**

You are entitled to request us to rectify personal data we hold about you under EU General Data Protection Regulation (GDPR).

We will do our best to respond promptly and in any event within one month of the following:

Details of the person requesting rectification

Our receipt of your written request; or

**SECTION 1:** 

• Our receipt of any further information we may ask you to provide to enable us to comply with your request, whichever happens to be later.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting is rectified and responding to your request. You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly.

Full	name:	
Add	ress:	
Con	tact telepho	ne number:
Ema	il address:	
SEC	TION 2:	Are you the data subject?
Plea	se tick the a	ppropriate box and read the instructions which follow it.
	YES: I am th	e data subject. I enclose proof of my identity (see below). (Please go to Section 4)
		ting on behalf of the data subject. I have enclosed the data subject's written authority f the data subject's identity and my own identity (see below). (Please go to Section 3)

Ver. 1.0 March 2022



To confirm we are rectifying data on the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one or both of the following:

- 1) Proof of Identity:
  - Passport
  - Photo Driver License
  - National Identity Card
  - Birth Certificate
- 2) Proof of Address:
  - Utility Bill
  - Bank Statement
  - Credit Card Statement (no more than 3 months old)

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.

SECTION 3:	Details of the data subject (if different from section 1)
Full name:	
Address:	
Contact teleph	one number:
Email address:	

## **SECTION 4:** Reason for rectification request

Individuals can use their right to rectification to request sections of their records are amended. Additionally, this right can be exercised if the data subject believes information has been omitted and requires inclusion on their record. However, it must be recognised that clinical opinion is subjective and thus St. James's Hospital reserves the right to refute any request deemed inappropriate.

Please outline the reasons for requesting rectification of the records:

Ver. 1.0 March 2022



## **SECTION 5:** What information do you wish to rectify?

Please describe the information you wish to rectify. Please provide any relevant details you think will help us to identify the information and any documentation to support your request.

## **SECTION 6:** Declaration

Please note that any attempt to mislead will invalidate the request.

I confirm that I have read and understood the terms of this request form and certify that the information given in this application to the hospital is true. I understand that it is necessary for the hospital to confirm my/the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Signed	Date:		
Documents which must accompany this application:			
	Evidence of your identity (see section 2)		
	Evidence of the data subject's identity (if different from above)		
	Authorization from the data subject to act on their behalf (if applicable		
	Documentation to support the request		

Ver. 1.0 March 2022