

# Crystal Health Group

## GENERAL DATA PROTECTION REGULATION SUBJECT ACCESS REQUEST

This form is to be used by individuals who wish to find out what information, if any, Crystal Health Group (CHG) is holding or is processing that relates to them. **This form is designed to help you in providing us with the information we need to deal with your request.** There is a guide to assist you in completing this form. An application for access to information must be made to the Crystal Health Group and not to the Information Commissioner.

Please note: Subject Access Requests for copies of laboratory reports will not be accepted. Under GDPR guidance, this type of information request is classed as excessive and will be subject to additional administration fees. Please call Crystal Health Group on 0800 988 7107 to make such a request.

The information requested below will help Crystal Health Group (a) satisfy itself as to your identity and (b) find any data held about you. Please complete in BLOCK capital letters and BLACK ink.

### Section 1 – About yourself [See note 7]

Case Reference			
Title (Mr, Mrs etc)		Date of Birth	
Surname/Family Name		Sex (Male/Female)	
First Names			
Telephone Number			
Email address			
Home Address			
Post Code			

If you would have been known to us by a different name, or at a different address (home or business) during the period to which the information you are seeking relates, please state the name(s) and address(es) below:

Name 1			
	From (Date):		To (Date):
Name 2			
	From (Date):		To (Date):
Address 1			
		Post Code	
	From (Date):		To (Date):

Address 2			
			Post Code
	From (Date):		To (Date):
Address 3			
			Post Code
	From (Date):		To (Date):
Address 4			
			Post Code
	From (Date):		To (Date):

**Section 2 – Proof of identity** [See note 8]

<p>To help establish your identity, you <b>must</b> submit a copy of one document from <u>each</u> of the following categories with your application:</p> <p><u>(a) Confirmation of name:</u> - Driving licence*, passport, birth certificate.</p> <p><u>(b) Confirmation of name and address:</u> - Driving licence*, utility bill, bank or credit card statement, child benefit book, pension book (or other equivalent/similar official document – but it MUST show your name and address).</p> <p>*not provisional</p>			
<b>I am providing the following types of identification:</b>			
<b>(a)</b>		<b>(b)</b>	

**Section 3 – Helping us to find the information** [See note 9]

Please use the space below to provide further details that may help to locate the information sought. For example, specific documents or information that you are seeking; the likely location of the information; the name of the person at CHG who may have created or had access to the information; and any relevant time periods.


**Section 4 – Declaration** [See note 10]

**Declaration** (to be signed by the applicant or person with parental responsibility/legal guardian) if applicable

**The information that I have supplied in this application is correct, and I am the person to whom it relates OR \*I am requesting the information for a child under the age of 16 or an adult who lack the capacity to make this request. I can confirm that I have the parental responsibility and/or legal right to do so and my signature confirms this - we may ask for additional evidence to verify this.**

*Signature		Date	
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**Warning – attempting to obtain personal data to which you are not entitled may be an offence under the General Data Protection Regulation.**

**Your Checklist**

Is your contact information correct?		Have you signed the form?	
Have you enclosed acceptable identification?		Have you completed all the sections?	
Have you provided information to assist us in identifying and finding the information?			

***CHG Checklist (for CHG use only)***

<i>Date Application Rec'd</i>		<i>Application Signed</i>	<i>Yes / No</i>
<i>Identification (a) - Details</i>		<i>Application Complete</i>	<i>Yes / No</i>
<i>Identification (b) - Details</i>		<i>ID Info provided</i>	<i>Yes / No</i>
<i>Original Docs. Returned</i>		<i>Additional evidence required for third party?</i>	
<i>Identification checked</i>		<i>Checked by (DPCO)</i>	
<i>Allocated to (DPCO)</i>			

# **Guide to making a Subject Access Request**

## **1. Introduction**

These notes are intended only as a guide to completing the CHG Subject Access Request form, not as a guide to GDPR itself. For further advice on filling out the form, please telephone us on 0800 988 7107 (or email us at: [info@crystal-health.co.uk](mailto:info@crystal-health.co.uk)). **Completion of the form is not compulsory but is designed to help you in providing us with the information we need to deal with your request.**

Data Protection law is set out in the General Data Protection Regulation (GDPR) obtainable from The Information Commissioners Office.

## **2. Your Rights**

Under GDPR you have (subject to certain exemptions) the right to be told whether CHG, as a data controller, is holding or processing any information about you; and if so, to be provided with a copy of that information. The records covered by GDPR include all computer records and limited categories of manual records.

## **3. CHG's Rights**

Where an exemption is available under GDPR, CHG may not provide you with the information covered by the exemption. The main exemptions that may be applied are where the information held relates to:

- the carrying out of our regulatory functions;
- the prevention or detection of crime; or
- the apprehension or prosecution of offenders.

and where disclosure of the information would be likely to prejudice any of these purposes. We are not required to tell you whether any exemptions have been applied to any information that we may provide, or whether any information has been withheld or the reason for the withholding of any information.

## **4. Processing by CHG**

Applications will be processed promptly, but in any event a response will be made within 30 calendar days, as permitted under GDPR, from the date that we accept the properly completed application along with your proof of identity.

An application will not be accepted or processed unless the application is submitted correctly with all relevant information being supplied and proof of identity provided.

## Completing the application form

### **5. Section 1 – About Yourself**

Please give us information about yourself that will assist us in finding the information you require. You should complete this section fully and carefully as the information will be used as the basis for our internal searches.

For your protection, any correspondence that we send you (including any information that we send to you in response to your request) will be sent only to the home address that you give here.

Where you have submitted the request via your legal representatives, you are still required to complete the form in full and provide proof of identity. Our response will be sent to your legal representatives' registered offices.

The information will also help CHG to confirm your identity (see Note 7).

### **6. Section 2 – Proof of identity**

CHG has a duty to ensure that the information it processes is secure; CHG will only provide the information relating to you if we are satisfied regarding your identity ie that you are entitled to the information. We therefore require you to provide us with reasonable proof of your identity. Examples of the types of identity documents that we will accept are listed under Section 2. Applications that do not include acceptable identification will not be processed, but we will contact you should this be the case.

CHG does not have to give you any information that might identify any other individual unless that person agrees. If you believe that any information CHG holds about you may identify another person, you may wish to obtain that person's written consent (to you being given his/her information). That should be submitted to us with this application, along with their proof of identity (to the same standard as is required for yourself).

### **7. Section 3 – Helping us to find the information**

To assist us with our searches, please try to specify the nature of the information that you are seeking and its possible location if known (eg who at CHG was/might be dealing with the matter). Guidance from the Office of the Information Commissioner states;

“Data subjects frequently make open ended requests for access ('Give me a copy all the data you hold on me'). However, GDPR specifies that a data controller is not obliged to comply with a request ... unless they are supplied with such information as they may reasonably require to locate the information which that person seeks. In most cases an open-ended request will not satisfy this provision”.

### **8. Section 4– Declaration**

Please sign and date the application. We are unable to accept applications that have not been signed by the person whose details are supplied in section 1 and will not process any application unless it has been signed and dated.

**Warning – attempting to obtain personal data to which you are not entitled may be an offence under GDPR.**

## **9. Your Checklist**

This is a brief checklist to ensure that you have completed the form properly.

## **10. Submission**

When you have completed the form, please send it together with your proof of identity to:

**Crystal Health Group  
FAO Quality and Compliance Team  
The Old Chapel  
53 Peel Street  
Eccles  
GREATER MANCHESTER  
M30 0NG**

Forms that are incomplete will be returned; forms that are complete but for which suitable identification will be put on hold until you send us the missing items.