



## Subject Access Request Form



### Guidance for completing this form

#### Your rights

Subject to certain exemptions as a Data Subject or Marie Stopes UK Client, you have the right to know whether any information is held about you and a right to a copy of that information. Marie Stopes UK will only release that information if we are certain of your identity. We will not give you any information which identifies someone else unless that person agrees.

Where allowed by Data Protection regulations, Marie Stopes UK may deny access to information. Normally, this happens when the information is held for:

- the prevention or detection of crime
- the apprehension or prosecution of offenders and giving you the information would be likely to prejudice any of these purposes.

#### Proof of identity

Parts 1 and 2 ask you to give information about yourself that will help Marie Stopes UK to confirm your identity. We have a duty to ensure that information is held in a secure manner and we must be satisfied that you are who you say you are before we disclose any information. Part 4 asks you to provide evidence of your identity by producing documents with your application.

#### Where to send the form

Please return the form and relevant documentation to the Centre address as stated in Part 2. Alternatively, please email the form to [Information.Governance@mariestopes.org.uk](mailto:Information.Governance@mariestopes.org.uk).

Please write in **BLACK INK** and in **BLOCK CAPITAL LETTERS** inside the boxes.

I am the Client (The person the information is about)


I am acting on behalf of the Client.  Please complete Parts 1a, 3 and 4

If you are seeking information on behalf of someone who is unable to act for themselves, you must explain your relationship, what information you require and why it is required. Please note that information relating to someone else will not be disclosed **without the Client's written consent or an appropriate Court Order or Power of Attorney**. Accordingly I enclose:

The Client's written consent to disclosure of the information requested at Part 3:

A Court Order (e.g. Power of Attorney) permitting release of the information requested at Part 3:

<b>Part 1 – Client Personal Details</b>	
Title:	Surname:
Full Forename(s):	Date of Birth:
Marie Stopes PIN Number:	Marie Stopes Client Number:
Contact Number:	Email Address:
<b>Part 1a – Complete this if you are not the client but requesting on behalf of the client.</b>	
Title:	Full Forename(s):
Surname:	Previous/Alternative Names:
Contact Number:	Email Address:
Address Line 1:	
Address Line 2:	
Address Line 3:	
Town:	County:
Postcode:	Country:
Please provide details of any previous addresses you feel may be of assistance to this request.	
<b>Part 2 – What to do next</b>	
Enter Centre Address Attended:	
<b>Part 3 – Information Requested</b>	
State clearly the information you require, with dates where known	

<p>a) Please provide as much information as possible to assist us in locating your data</p> <p>b) If requesting information on someone other than yourself, please include an explanation of your relationship to the Client and why it is required.</p> <div style="text-align: center;">  </div> <p><b>Remember, information relating to someone else will not be disclosed without the Client's written consent or an appropriate Court Order or Power of Attorney.</b></p>	<input type="checkbox"/> Ultrasound images <input type="checkbox"/> Discharge letter <input type="checkbox"/> Medical record <input type="checkbox"/> Other (specify in the space below)
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Your request will be processed in accordance with the requirements of the Data Protection Act 2018 and the General Data Protection Regulation

How would you like to receive your information? (Please select **only one** option):

I would like my records to be posted to my home address as detailed in part 1

I would like my records to be sent by email attachment to my email address as detailed in part 1 (instructions on how to open our encrypted email will be sent ahead of you receiving your information)

**Part 4 – Proof of Identification Client**

I enclose as verification of identity photocopies/photographs of my:

Birth Certificate: <input type="checkbox"/>	Passport: <input type="checkbox"/>
Driving Licence: <input type="checkbox"/>	Utility Bill: <input type="checkbox"/>

Other (Please state):

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

Signature:

**Proof of Identification if not the Client**

I enclose as verification of identity a photocopies/photographs of:

Birth Certificate: <input type="checkbox"/>	Passport: <input type="checkbox"/>
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Driving Licence: <input type="checkbox"/>	Utility Bill: <input type="checkbox"/>
Other (Please state):	
I declare that, to the best of my knowledge, the information I have provided on this form is correct.	
Signature:	
Name in Capitals:	Date:
<b>Part 5 – Marie Stopes UK Use Only</b>	
SAR Reference No:	
Actioned By: (Name in Capitals)	Date Received:
Signature:	Date Responded: