



SUBJECT ACCESS REQUEST

Please complete this form (all fields are required) and send to dataprotection@pbclinic.com

Date of request:	
Your full name:	
Your address:	
Your contact number:	
The information you require:	
Please confirm if you are requesting this information on someone else's behalf:	NO <input type="checkbox"/> YES <input type="checkbox"/> (if yes, please complete the details below)
Their name:	
Their address:	
Their contact number:	
Your relationship:	
Your company name:	

In order to avoid personal data being sent to accidentally or as a result of deception, we have a duty of care to ensure we know the identity of the requester. We will therefore ask for enough information to judge whether the person making the request is the individual to whom the personal data relates to or a person authorised to make a SAR on their behalf.

In some circumstances we may ask for documentation providing evidence of birth or a passport and check that we have the requesters correct postal or email address (or both) before supplying any information in response to a SAR. We will let you know if this information is required.

Please note: if the request is valid, we will action without delay and at the latest within one month of receipt. Where the request is complex or numerous we will action within three months.