

# SIDCUP MEDICAL CENTRE



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Email: [sidcupmedical@nhs.net](mailto:sidcupmedical@nhs.net)  
**Branch Surgery**  
231 Burnt Oak Lane, Sidcup, Kent, DA15 9BQ  
Tel: 020 8300 2747  
**Branch Surgery**  
63 Thanet Road, Bexley, Kent, DA5 1AP  
Tel: 01322 528221

## Application – individual’s rights

Personal information provided by you on this form is required to enable your request to be appropriately processed. This personal information will only be used in connection with the processing of this individual’s rights request

### Application under the Data Protection Act 2018/General Data Protection Regulations (GDPR)

**Please note: Proof of identity will be required when submitting an individual’s rights request**

#### Section 1: Patient details (to be completed in all cases)

Last name:		Maiden name:	
First name:		Title (i.e. Mr, Mrs, Ms, Dr)	
Date of birth:		Address:	
Telephone number			
NHS number (if known)		Postcode:	

#### Section 2: Under the General Data Protection Regulations 2018, I wish to request to exercise my individual rights as follows:

Please tick as appropriate

To request personal information to be rectified	
To request an erasure of personal data	
To request an objection to processing	

### Section 3:

**Details** - Please provide details of the information you believe to be inaccurate, requires rectified or the reasons for objection below:

**Evidence information** – In order to review your request made under your individual rights (GDPR), the GP practice will require further explanation and/or evidence to support any changes.

Please provide details and a list of evidence provided.

You must attach relevant documents as proof of correct information e.g. where a date of birth is incorrect, please provide us with a copy of the official State Birth Certificate. Or evidence to support any other request under the terms of the General Data Protection Regulations.

Please note that your right to request rectification/deletion is not absolute and may be declined by Sidcup Medical Centre in certain cases.

The GP practice may need to contact you to discuss your request. The information you provide us on this form and as evidence of your request will be handled in strict confidence. Further information on how our GP practice handles personal information can be found on our website;

<https://www.sidcupmedicalcentre.co.uk/info.aspx?p=20>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Checklist**

- 1) A completed request form
- 2) Included document/s to support your request
- 3) Signed and dated the form
- 4) The GP practice has seen sight of official identification

<b>GP Practice use only</b>	
Date individual rights form received:	
Date identification verified:	
Supporting evidence obtained:	
Deadline date for response:	
Details of any extensions required:	
Request enacted (Yes/No)	
State reasons for decision	
Application complete:	