




Data Subject Consent Form

Document Control Sheet

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Target Audience	All staff, patients

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Data Subject Consent Form

Authority for release of personal information under the General Data Protection Regulations (Subject Access Request).

Data subject details

Full name	
Date of Birth	
Current Address	
Postcode	
Telephone	
Proof of ID such as a copy of: <ul style="list-style-type: none"> • driving licence <input type="checkbox"/> • passport or <input type="checkbox"/> • identity card <input type="checkbox"/> <p>OR</p> <ul style="list-style-type: none"> • A statement from someone who has known you for the last 12 months, excluding family members, stating their name and address confirming your identity and <input type="checkbox"/> • A utility bill dated in the last 3 months. <input type="checkbox"/> 	

Consent

I consent to the release of my information to:

Full name	
Address	
Postcode	
Telephone	
Email	
Relationship to data subject	

I consent to the following information being shared:

Full Patient Care Record	<input type="checkbox"/>	Please include as much details as possible including date/time/location and any other identifying factors which will help us to search for the records):
Full call recording	<input type="checkbox"/>	
CCTV images	<input type="checkbox"/>	
Full HR file	<input type="checkbox"/>	
Full training file	<input type="checkbox"/>	
Full Occupational Health file	<input type="checkbox"/>	
Other <i>(please detail)</i>		

I need this person to act on my behalf because:

Declaration

I declare that information given by me is correct to the best of my knowledge and I consent to disclosure of my personal information under the terms of the General Data Protection Regulations.

Signed	
Date	