BPAS Data Request Guide and Application Form

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Introduction to Data Applications

For your protection and security of the data, the BPAS will need to confirm you are the person whom the data is about, requiring proof of your identity prior to processing the request.

If you are acting on behalf of someone else, the BPAS will need proof of this as well as proof of your identity. We may need to contact the data subject to confirm that they have authorised you to act on their behalf.

Proof of identity - we accept any two of the following; one must be photographic identification for the purpose of progressing the request.

DO NOT post original documents, we will accept scanned & copied documentation.

- Birth certificate
- Building society account book
- Current photocard driving licence & paper license (full or provisional)
- Identity card civil service, armed forces, police
- National health card
- Any official letter from Revenues & Customs
- Valid Passport
- Pension book
- Rent book
- Recent utility bill (within the last two months)

Please send completed application forms to:

The Data Protection Officer BPAS Head Office Orion House, 2 Athena Drive Tachbrook Park Leamington Spa CV34 6RQ

Data Request Guide

Data Subject Access Request

The Data Protection Act 2018 gives you the right to ask the BPAS for a copy of the personal information that we hold about you for the purposes of providing services to you.

You are also entitled to additional information including;

- · The identity and contact details of the controller and data protection officer
- The purposes of the processing and the legal basis
- Your additional rights in respect of the data
- Your right to complain
- The categories of personal information
- Who your data has been and will be shared with
- Data source where the data has not been collected directly from the data subject

Right to rectification application request

The Data Protection Act 2018 gives you the right to have inaccurate and incomplete personal data held about you rectified, known as 'data rectification'. You can provide a supplementary statement detailing what information requires rectification, for example, misspellings and incorrect or out of date personal data.

Right to data portability application request

The Data Protection Act 2018 gives you the right to request for you to use your personal data across different services. This is known as the 'right to data portability'.

Please note that you are only able to request for your personal information to be transferred if the information:

- is processed for a contract
- · is processed is based on your consent
- is processed automatically
- · was provided to the BPAS by you

If you would like to object to the BPAS processing personal data held about you please complete the application to tell us about you and the data object to being processed.

Please note the BPAS may not be able to process your request if the request is subject to a legal obligation compliancy. In the event of this, we will contact you.

Right to erasure application request

The Data Protection Act 2018 gives you the right to have your data erased, for example:-

- · data that is no longer necessary, and unrelated to the original purpose it was collected for
- is of no legitimate interest to continue processing the data
- the data is being used for direct marketing, without your consent, you can object to the processing of the data
- withdrawing consent where data was collected for lawful basis purposes and you no longer
- give consent

If you would like to request for the personal data that the BPAS holds about you to be erased, please complete the questions below to tell us about you and the data you would like to be erased.

Please note, if you are a patient that has been assessed or treated by BPAS, we will be unable to comply with a request to erase your health record. As a healthcare provider BPAS are subject to certain legal obligations and are to retain health records for set periods of time. For more information regarding our retention periods please refer to our retention schedule.

Rights in relation to automated decision making and profiling

Under the Data Protection Act 2018 you have to challenge a decision that affects you that has been made automatically without human intervention, for example an online form with an instant decision.

Data Request Application Form



					■ DITUSITE	regulaticy Advisory Service
Type of Data Request						
(Please put 'X' in the relev	/ant box)					
Data Subject Access Right to rectification Right to data portabil Right to object or res Right to erasure	s Request					
Rights in relation to a	automated decision	makind	and profilir	าต		
ragino in rolation to c	atomated decision	manng	, and promi	19		
Section 1: Details of the	data subject					
Title: Mr Mrs Miss	☐ Ms ☐ Mx ☐	(Please	put 'X' in the r	elevan	t box)	
First Name:					Middle initial:	
Surname:						
Current address:						
	Postcode:					
When did you live at this	address?	From:	MM / YY	to:	MM / YY	
Email address:						
Telephone number(s):	/ /					
Date of birth (if Known):	DD / MM / YY					
Approximate age if Date						
Other names the data sub	oject might be knov	vn as:				
Section 2: Previous add		vido pro	vious addra	voo(o)	for last two year	ro
If current address is less t	nan two years, prov	vide pre	vious addre	ess(s)	ior iast two year	rs
1. Previous address						
	Postcode:					
When did you live at this	address?	From:	MM / YY		to: MM/YY	
O. Durations . L.I.	<u> </u>					
2. Previous address						

	Postcode:					
When did you live at this	address?	From:	MM/Y	Υ	to: MM/YY	-
Section 3: About the date	ta request					
Whose records do you wi	sh to see?	□ Му о	wn [] Other	(Please put 'X' in the relevant b	ox)
If other, what is their relat	ionship to you?					
Section 4: Details of the	agent (if you are	e reques	sting on	behalf (of someone else)	
Title: Mr Mrs Miss	☐ Ms ☐ Mx ☐	(Please	put 'X' in t	ne relevar	nt box)	
First Name:					Middle initial:	
Surname:						
Current address:						
	Postcode:					
When did you live at this	address?	From:	MM / Y	Υ	to: MM/YY	
Email address:						
Telephone number(s):						
Section 5: BPAS services Please tell us which service your request is in relation	ce of the BPAS yo	u believe	e holds p	ersonal	information about you that	
Please specify:						
. ,						
Please provide details here if you are referring to a specific document: For example: Discharge letter dated 31.03.2018						
	1					
Section 6: Information a The BPAS may hold data	•		time Pl	aasa tall	Lus the time period your	
request is in relation to,	about you over a	p e nou oi	uiiie. Pi	zase ieli	i us the time penou your	
From: MM/YY		to:	MM/Y	Υ		
-						

Please provide us with any additional information that will assist with your request

Section 7: Data portabil	lity dotails
Section 7: Data portabil	
to be transferred to anoth	tion if you are submitting a request for data portability and want the data er organisation.
Organisation name:	
Title: Mr Mrs Miss	Ms Mx (Please put 'X' in the relevant box)
First Name:	Middle initial:
Surname:	
Current address:	
	Doctor do:
Email address:	Postcode:
Telephone number(s):	
Tolephone number(s).	<u> </u>
0 0 0 5 1 0	
Section 8: Declaration a	as a data subject
I confirm I am the data su	bject.
Signed:	Date: DD / MM / YY
Section 9: Requests on	behalf of children
This section is to be comp	oleted by the data subject's agent, if they are acting on behalf of their
child who is aged 17 or ui	
Please confirm the data	subject's age: Under 13 years old
	☐ Between 13 and 17 years old
	_ between to and it yours on
•	f of your child and they are under the age of 13, then we will require proof This can be evidenced with their full birth certificate.
	f of your child and they are between 13 and 17 years old, then we require
	n. If consent can be provided, then Section 11 needs to be filled in by your

child consenting to you acting on their behalf.

If your child is unable to give consent and is between the ages of 13 and 17, then please explain why.

Section 10: Requests on behalf of others (legal orders)
f you are making a request on behalf of an individual who is 13 or older and is deemed not to have consent by virtue of a certified court order then we require:
 Evidence of any legal powers granted Confirmation of what legal powers have been granted If the person who has legal powers is not the person making this application: their consent for this request to be processed
Please confirm what legal powers have been granted: Deputyship
☐ Power of attorney
☐ Other
f you have selected 'other', than please inform us what legal powers you have.
Section 11: Consent to act on behalf of data subject
This is to be completed by the data subject if written consent is required to process the request for nformation.
,
Signed: Date: DD / MM / YY
Section 12: Data subject's agent
This section to be completed by person(s) acting on behalf of the data subject
confirm I am acting on behalf of and have submitted proof of my authority to do so.
Signed: Date: DD / MM / YY

Please provide us with any additional details that may assist us in identifying any information relevant to your request.

Section 13: Additional Information