

Data subject access request form

The Data Protection (Bailiwick of Guernsey) Law, 2017 gives you the right to access your personal data held by the MSG, including the right to obtain confirmation that we process your personal data, receive certain information about what we do with it, and obtain a copy of the personal data we hold about you.

A data subject access request includes your outpatient notes (your medical records held by the MSG), emails, finance department records, and a copy of your patient registration form if we have one. If you only wish to obtain access to your outpatient notes, please use the **Outpatient notes request form** on our website.

Please submit your data subject access request in writing to Alexandra House, Les Frieteaux, St Martin, GY1 3EX, or electronically via email to privacy@msg.gg after confirming your identity through a form of ID, such as passport, driver's licence etc.

We expect to respond to your request within one month of receipt of a fully completed form and proof of identity. If we are not able to respond within one month, we will write to you to let you know why. If this is the case, we will send you our full response within three months of your request.

In addition to exercising your access right, the Data Protection Law also grants you the right to:

- Request that your personal data is corrected or, where circumstances allow, to be deleted.
- Restrict or object to certain types of data processing.
- Make a complaint to The Office of Data Protection Authority, which is Guernsey's supervisory authority for data protection purposes.

For more information on your rights under the Data Protection Law, see our online [Privacy notice](#) or speak to our Data Protection Officer.



Data subject access request form

1. Name (data subject) and contact information

If you are making this request on a patient’s behalf, please provide your name and contact information in Section 3.

We will only use the information you provide on this form to identify you and the personal data you are requesting access to, and to respond to your request.

Please use CAPITAL LETTERS:

First and last name	
Former name(s)	
Address	
Date of birth	
Telephone number	
Email	

2. Proof of data subject’s identity

We accept a photocopy or a scanned image of either a driver’s license or passport as proof of identity.

We may request additional information from you and reserve the right to refuse to act on your request if the identification provided proves unsatisfactory.

3. Request made on a data subject’s behalf

Please complete this section if you are acting on a patient’s behalf.

First and last name	
Address	
Date of birth	
Telephone number	
Email	

We will need proof of your identity and your legal authority to act on behalf of the patient. We accept a photocopy or a scanned image of your driver’s license or passport.



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As proof of your legal authority to act on the patient’s behalf we accept either a written consent signed by the patient (the data subject), a certified copy of a Power of Attorney, or evidence of parental responsibility.

Please state below the evidence you are enclosing with this form to (a) verify your identity and (b) prove your legal authority to act on behalf of the above-named patient:

(a) _____

(b) _____

4. Information requested

To help us process your request quickly and efficiently, please provide below as much detail as possible about the personal data you would like to have access to. Please include time frames, dates, department, types of documents, or any other information to help us locate your personal data.

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search (for example, if you request “all information about me”). We will begin processing your access request as soon as we have verified your identity and have all the information we need to locate your personal data.

If the information you request reveals personal data about a third party, we will take out their personal data before responding. If we are unable to provide you with access to your personal data for certain reasons such as disclosure adversely affecting the rights and freedoms of third parties, we will let you know.

The law may allow or require us to refuse to provide you with access to some or all of the personal data that we hold about you, or we may have erased, or made your personal data anonymous in accordance with our record retention obligations and practices. If we cannot provide you with access



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to your personal data, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

5. Signature and acknowledgement

I, _____, confirm that the information provided on this form is correct and that I am the person whose name appears on this form. I understand that: (1) The MSG must confirm proof of identity and may need to contact me again for further information; (2) my request will not be valid until the MSG receives all of the required information to process the request; and (3) I am entitled to one free copy of the personal data I have requested. I acknowledge that for any further copies I request, the MSG may charge a reasonable administrative fee.

Please indicate below whether you would like a printed or an electronic copy of your data:

____ Printed copy

____ Electronic copy.

Signature

Date

6. Authorised person signature

I, _____, confirm that I am authorised to act on behalf of the data subject. I understand that that the MSG must confirm my identity and my legal authority to act on the data subject's behalf and may need to request additional verifying information.

Signature

Date

PLEASE SEND THIS FORM TOGETHER WITH THE NECESSARY PROOF OF IDENTITY TO PRIVACY@MSG.GG OR ALEXANDRA HOUSE, LES FRIETEAUX, ST MARTIN, GY1 3EX FOR THE ATTENTION OF THE MSG PRIVACY TEAM.