



Subject Access Request

Beaumont Hospital / Ospidéal Beaumont



First Name

Last Name

Address

Contact Number / Email Address:

Date of Birth: *(in the format dd/mm/yyyy)*

In order to provide your information in a timely manner, it is important that you provide clear instructions on the information request. This includes dates, departments, tests or services required.

What Information I require:

Documentary evidence in support of your application must be provided.

- **I.D. Provided, must be valid and in date.**
- **Proof of Address must be within the last 6 months.**

PLEASE DO NOT SEND ORIGINAL DOCUMENTS – COPY ONLY

As proof of my identity, I attach a copy of one of the following I.D's:

Copy of Passport

or

Copy of Drivers Licence

and

Proof of Address

Contact Us: Monday to Friday, 9am to 5pm *(excluding Bank Holidays)*

✉ **Postal:** Data Access Office, Beaumont Hospital, Dublin 9

✉ **Email:** routineaccess@beaumont.ie

☎ **Phone:** 01 809 2873

Signed:

Date: *(in the format dd/mm/yyyy)*

GDPR: *All information provided will be used and stored in compliance with General Data Protection Regulation and will not be used for any other use than for the purpose of this Request.*