



INDIVIDUAL RIGHTS REQUEST FORM

This form is to make a request under any of the individual rights of data subjects as detailed in the General Data Protection Regulation (GDPR). More information about these rights is available in our Fair Processing Notice, which can be found on our website.

Personal information collected from you by 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 Rights Request.

This form is only to be used when making an individual rights request in relation to personal data held by any of the Sussex CCGs.

1. Type of request:

Indicate which of the below applies

Right to Access	I am requesting to view/have a copy of personal data held by Sussex CCGs	<input type="checkbox"/>
Right to Rectification	I am requesting that personal data held by Sussex CCGs is corrected	<input type="checkbox"/>
Right to Erasure	I am requesting that personal data held by Sussex CCGs is deleted	<input type="checkbox"/>
Right to Object	I am objecting to processing of personal data by Sussex CCGs	<input type="checkbox"/>
Right to Restriction	I would like to restrict processing of personal data by Sussex CCGs	<input type="checkbox"/>
Right to Data Portability	I am requesting a copy of personal data held by Sussex CCGs in a portable format	<input type="checkbox"/>
Rights around automated decision making and profiling	I wish to exercise rights around automated decision making and profiling by Sussex CCGs	<input type="checkbox"/>

2. Describe the nature of your request: please provide as much detail as possible, such as relevant dates, references etc.

3. Details of the person making the request:

Full Name:	Former Name(s):
Current Address:	Former Address (Inc. dates of change):
Date of Birth:	NHS Number: (if known)
Contact Phone Number (including area code):	E-mail address: (Optional)

4. Are you the Data Subject? (tick box that applies)

I AM the Data Subject and enclose evidence of my identity e.g. photocopy of driving licence, birth certificate, passport, marriage certificate.

I am NOT the Data Subject, but am acting on their behalf as their personal representative. I have written authority, which I enclose and evidence of their identity e.g. photocopy of driving licence, birth certificate, marriage certificate, passport.

I am NOT the Data Subject, but I am acting on their behalf as their parent or legal guardian and enclose evidence of their identity e.g. photocopy of birth certificate, passport.

5. Details of the Data Subject (if different to 1.)

Full Name:	Former Name(s):
Current Address:	Former Address (Inc. dates of change):
Date of Birth:	NHS Number: (if known)
Contact Phone Number (including area code):	E-mail address: (Optional)

6. Declaration

I declare that the information given by me is to the best of my knowledge correct and that I am entitled to apply for access to the information referred to above, under the terms of the General Data Protection Regulation and the Data Protection Act 2018.

Signature:	Date of request:
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Please send your request addressed to the Information Governance Manager at:

Email: CSESCA.IG@nhs.net

Post:

Brighton and Hove CCG

Hove Town Hall, Norton Road, Hove, BN3 3AH

Eastbourne, Hailsham and Seaford CCG / Hastings and Rother CCG /

High Weald Lewes Havens CCG
36-38 Friars Walk
Lewes, BN7 2PB

Horsham and Mid-Sussex CCG / Crawley CCG

CCG Headquarters, Lower Ground Floor, Crawley Hospital, West Green Drive, Crawley, RH11 7DH

Coastal West Sussex CCG

1 The Causeway, Goring-by-Sea West Sussex BN12 6BT

Information:

Once the relevant CCG has all the required information your request should be complied with within one month. In exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met, up to two further months.

In certain circumstances, data protection legislation allows organisations to withhold information requested under an access request, for example

- Information likely to cause serious harm to the physical or mental health or condition of you, or any other person.
- Information relating to or provided by a third party. This exemption does not apply where that third person is a health professional involved in care of a patient.

In certain circumstances, we will not be able to comply with a request made under one of these rights, we will always notify if this is the case and give you information as to the reasons why.