



Subject Access Request Form

(Accessing, Correcting, Blocking, Erasure and Destruction of Records) Personal Information Protection Act 2016

Please complete this form to make a request with respect to personal information which we hold about you.

This form should be used if you wish to find out what, or make changes to, personal information Bermuda Hospitals Board (BHB) is holding or processing that relates to you.

Please do not use this form for requests to access medical records. Requests for access to medical records should be submitted to BHB's Health Information Management Service (**HIMS**), using the **Authorization for Disclosures of Health Information** form, or the **MWI Authorization to Release/Obtain Information** form for requests for medical records from the Mid-Atlantic Wellness Institute.

In order to provide you with the information you are seeking, please provide as much detail as possible in relation to the records which are the subject of your request.

We may be unable to process your request without a sufficiently completed application form. We will require proof of your identity (e.g. Driver's Licence or Passport) to process a request, and, if applicable, further supporting documents.

If filling in this application form by hand, please use BLOCK CAPITALS and black ink.

If you require any assistance to complete this application form, please do not hesitate to contact our Privacy Officer by email at privacy@bhb.bm or by telephone at 239-2112.

In accordance with Section 20 of the Personal Information Protection Act 2016 (**PIPA**), we will promptly acknowledge our receipt of your request and will inform you if we require further details from you. We are required to provide a substantive response to your request within 45 business days of our receipt of your application and satisfactory proof of your identity. This timescale may be extended by 30 days where necessary, considering the complexity of your request. We will inform you in advance if an extension is required.

If you are submitting this request on behalf of a third party, we will require the written and signed authority of the person to whom the personal information relates. We will also need proof of identity relating to both the requester and the person to whom the personal information relates.

There may be instances where we are unable to provide the information you have requested. In those cases, we will inform you in writing of our reasons.



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Section 1: Details of individual whose records are being requested

Please fill in this section as accurately as you can, this will help us trace the personal information you need.

Surname:	Previous Surname:
First Name(s):	Aliases/Nicknames:
Date of Birth (DD/MMM/YYYY):	Gender:
Current Address (Including postal code): _____ _____	

Telephone:	Email:
Signature:	Date (DD/MMM/YYYY):

Details of requester, if different to individual above (note: you may be requested to provide satisfactory evidence of your ability to submit a request on behalf of the individual above, in which case BHB shall not process the request until such evidence is provided)

Surname:	First Name(s):
Date of Birth (DD/MMM/YYYY):	
Current Address (Including postal code): _____ _____	

Telephone:	Email:
Signature:	Date (DD/MMM/YYYY):

Section 2 – Details of the scope of your request

To assist us with satisfying your request in a timely manner, please be as specific as possible regarding the personal information to which your request relates and any actions you would like BHB to undertake in relation to that personal information (e.g. provide access, correct, delete, etc). If more space is required for your comments, please attach an additional sheet of paper.

√ Here	Department	Details of Request (including whether request is for Access, Correction, Blocking, Erasure, or Destruction)	Date Range: On/During (Month/Year if known)
<input type="checkbox"/>	Human Resources (tick one or more boxes) <input type="checkbox"/> Comp and Benefits <input type="checkbox"/> Employee Health <input type="checkbox"/> Employee Relations <input type="checkbox"/> Recruitment <input type="checkbox"/> Organizational Development		
<input type="checkbox"/>	Health Information Management Systems (Medical Records)		
<input type="checkbox"/>	Other (Please specify):		



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Section 3 – Preferred Method of Delivery (where your request is for access)

<input type="checkbox"/>	Paper copies delivered to your current address specified in Section 1 above
<input type="checkbox"/>	Paper copies to be collected in person (collection details to be advised on approval of request)
<input type="checkbox"/>	Electronic file transfer by secure email

Section 4 – Proof of identification and supporting documents (enclose a copy of each with this form)

<input type="checkbox"/>	Photograph page from current passport
<input type="checkbox"/>	Current driving licence
<input type="checkbox"/>	Current BHB employee work badge

Supporting Documentation

If applicable, provide details of any documentation you have enclosed to support your request:

Declaration

I declare that the information given by me is correct to the best of my knowledge and that I am entitled under the Personal Information Protection Act 2016 to apply for access to the personal information BHB holds in relation to me or the individual I represent. I understand that it is necessary for BHB to confirm my identity and that it may be necessary for BHB to request further information to confirm my identity and/or to locate the correct information.

Print Name: _____

Signed: _____ Date (DD/MMM/YYYY): _____

If you require any assistance completing this application form, please do not hesitate to contact our Privacy Officer by email at privacy@bhb.bm.

Please deliver your completed form in person to Garland Swan (Privacy Officer), or by email to privacy@bhb.bm.

All Subject Access Requests are processed in accordance with Bermuda’s Personal Information Protection Act 2016 and BHB’s policies and procedures.