

IRR

Individual Rights Request Form

Section 1: Details of the individual

Title:

First names:

Surname:

Former Surname (if applicable):

Date of Birth:

NHS Number (if known):

Current Address:
.....
.....

Section 2: Applicant details (if making a request on behalf of the individual)

Name:

Address:
.....
.....

Date of Birth:

Relationship to individual in section 1:

Section 3: Further Information

**Information for
 deletion/amendment:**

.....

**Reason for
 deletion/
 amendment:**

.....

Desired outcome:

.....

Section 4: Consent

Please tick **one** of following boxes and sign below:

a) I confirm I am the person mentioned in section 1.	
b) I confirm I am the person mentioned in section 1 and I authorise the person mentioned in section 2 to act on my behalf.	
c) I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in section 1.	
d) I confirm I am the person mentioned in section 2 and have been authorised to an act as an agent/power of attorney for the person in section 1. The applicant must provide evidence to support this.	

Please note that your request will not be processed unless two forms of identification are received and verified. Approved forms of identification are listed on our website.

Print Name:

Signature:

Date:

Please return the form to the:

Information Governance Team
Leeds Community Healthcare NHS Trust
Stockdale House
Victoria Road
Leeds
LS6 1PF

Or email : foi.lch@nhs.net

For further information about how we process your data, please view our Privacy Notice here:
<https://www.leedscommunityhealthcare.nhs.uk/about-us/access-to-information/how-we-use-information-about-you/>