



# Portability Request Form

## Before you begin

**Please complete this form to request the direct transmission of personal information held by Bupa Cromwell Hospital. Please write in BLOCK CAPITAL LETTERS or by marking the appropriate box with an X. Please return completed forms to us by either:**

Post: **Bupa Cromwell Hospital, 164-178 Cromwell Road, London, SW5 0TU, United Kingdom.** We recommend sending by recorded delivery; or

Email to: **governance.mail@cromwellhospital.com.** Please be aware that information you send to us by email may not be secure.

## What is the Right to Portability?

Under privacy law, everyone has the right to ask organisations who hold personal information about them to send some information directly to other organisations. This right is designed to protect you by giving you more control over your personal information whilst making it easier to move between organisations. It is also intended to foster competition and the free flow of data by encouraging organisations to make their systems more flexible.

If you're a prospective, current, or previous patient of Bupa, we'll have collected and stored information about you to provide you with (or quote for) our services. For example, if you have had treatment at the Cromwell we'll hold information about you, such as how to contact you and details of your treatment.

Bupa is committed to safeguarding your privacy and complying with privacy law. We only use and retain personal information for as long as is necessary, where we have a legitimate business purpose or legal requirement to do so. Please see our privacy notice at [www.bupa.co.uk/privacy](http://www.bupa.co.uk/privacy) for details about how we use your information and how long we keep it for.

Any personal information which you have provided to us (such as your contact details) or generated by your activity (such as your claims history) is 'portable'. You can ask us at any time to transmit such data directly to another organisation, such as another Insurer, by electronic means. In contrast, any data which has been anonymised, does not relate to you, or has not been provided by you, is not 'portable' and cannot be transmitted.

✔ You <u>can</u> use the right to portability if:	✘ You <u>cannot</u> use the right to portability if:
It is personal information about you, AND The personal information was provided to Bupa by you or generated by your activity, AND You have either: given us permission ("consent") to use it; or it was needed in order to provide a service to you or to fulfil a contract with you.	The personal information is not about you and that Individual has not given their permission to transmit the data. OR The personal information was created by Bupa and therefore was not provided to us by you or generated by your activity. OR Transmitting the data would adversely affect the rights and freedoms of other individuals.

## Firstly, please tell us who you are:

The information is about me personally

I'm requesting the information on behalf of someone else

# Section 1

## Details of the individual whose personal information is being requested

Mrs / Miss / Ms / Other (please circle or list title if other)

First name(s)

Last Name

Address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Email address

Relationship with Bupa  
(Please indicate with an X)

Patient	<input type="checkbox"/>
Consultant or GP	<input type="checkbox"/>
Employee	<input type="checkbox"/>
Other	<input type="checkbox"/>

If other, please state

Please state MRN (medical record number) if applicable:

# Section 2

## Your details if you are making the request on someone else's behalf

(please ignore this section if you are making the request about your own information)

Mrs / Miss / Ms / Other (please circle or list title if other)

First name(s)

Last Name

Address

Postcode

Email address

Relationship to person in Section 1

# Section 3

## Please tell us what personal information you would like transmitted.

Please give us much detail as possible so that we can find and collate all the information you want.

Please specify the timeframe the information relates to

From: 

M	M	Y	Y	Y	Y
---	---	---	---	---	---

 To: 

M	M	Y	Y	Y	Y
---	---	---	---	---	---

Please let us know why you are making this request

Is there is anything else you would like to tell us about regarding this request?

Who would you like the personal information to be sent to?	Email listed in Section 1	<input type="checkbox"/>	<i>(Please note if you're requesting your own information and you list an address which is different to what we have on file for you, we'll write to you first to confirm your address)</i>
	Email listed in Section 2	<input type="checkbox"/>	
	Directly to a 3rd Party organisation	<input type="checkbox"/>	

If you have requested the information to be sent to yourself, please move to Section 4.

If you have requested the information to be sent to a 3rd party organisation, we will email them to confirm the email address you have listed below is correct.

If the 3rd party does not respond to our email within seven days confirming their address, we will send the requested information to your email address.

Name of 3rd party organisation

Email address of 3rd party

Is the 3rd party aware of this request? (please tick)  Yes  No

## Section 4

**I am the individual in section 1 and I enclose a copy of one of the following to confirm my identity:**

*(Please do not send original documents)*

Full valid driving licence issued by a member state of the EC/EEA

Birth certificate or certificate of registry of birth or adoption

Full valid current passport

Utility bill within the last three months

ID card issued by a member state of the EC/EEA

## Section 5

**Evidence of authorisation if you are acting on behalf of the individual**

*(Please ignore this section if you are making the request about your own information)*

Please complete **either** Part **A, B, or C** below. (Please send copies, not original documents)

Information relating to someone else will not be disclosed without this information.

Requests on behalf of children aged 16 or over must be made using Part A.

### Part A

The **individual in Section 1** has given me permission to make this request on their behalf by signing and dating below:

Signature:

Print name:

Date:

### OR

I already have written consent from the individual which I enclose (please tick).

### Part B

I am the parent or legal guardian of the individual in section 1 and I enclose a **copy** of a Birth Certificate or Certificate of Adoption which confirms this.

### AND

I enclose a **copy** of my passport or driving licence.

**Part C**

I enclose a **copy** of a Power of Attorney or a Court of Protection Order on behalf on the individual in Section 1 for:  
*(Please note that information can only be disclosed if you have the applicable power of attorney.)*

Health and Welfare

Property and Financial Affairs

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## Section 6

### Declaration

I declare that, to the best of my knowledge, the information I have provided is correct.

I am aware that impersonating another, or attempting to impersonate another, is a criminal offence.

I am aware that Bupa will retain copies of my correspondence in this matter to comply with Data Protection Legislation.

Signature:

Print name:

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Date: