



Erasure Request Form

Before you begin

Please complete this form to request the erasure 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: **Information Governance, 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 Erasure?

Under privacy law, everyone has the right to ask organisations who hold personal information about them to delete that information in certain circumstances. This is sometimes referred to as the ‘right to be forgotten’. This right is designed to protect you by preventing companies from retaining or using your personal information inappropriately or unlawfully, but it doesn’t allow you to have all of your information deleted at any time.

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 for details about how we use your information and how long we keep it for.

If you object to the way we are using your personal information, or feel that there is no reason for us to continue to retain it, you can ask us to delete it under the right to erasure. However, because we are legally required to retain information for specified periods, this right can only be relied upon in certain circumstances. These are described in the table below.

✓ You can ask us to erase your personal data if:	✗ We cannot erase data if:
The information is no longer needed by Bupa for the purpose(s) it was collected for.	We have a legal or regulatory reason (“lawful ground”) to retain your Personal Data.
You have given us your permission (“consent”) to use your Personal Data for something and you withdraw this consent.	We need to retain the information to evaluate, defend or pursue legal claims, including contractual disputes.
You object to us using your Personal Data and protecting your interests is more important than Bupa’s reason for retaining it.	Bupa has a genuine, more important need to use your information for a purpose that doesn’t rely on your consent (a “legitimate interest”).
Your Personal Data was passed to us by mistake or not fairly obtained and we should never have processed it.	The Personal Data does not relate to you, and that individual has not given their permission to erase the data.
	If the processing is necessary for medical diagnosis or the provision of health care.

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 for erasure

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

Details of the personal information being requested for erasure

If you know, please tell us which specific departments you have interacted with.

Please tell us which information you'd like erased and which services it relates to. Please provide as much detail as possible so that we can identify your records quickly.

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 want this information erased

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

Section 4

Proof of identity of the individual

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 | <input type="checkbox"/> |
| Birth certificate or certificate of registry of birth or adoption | <input type="checkbox"/> |
| Full valid current passport | <input type="checkbox"/> |
| Utility bill within the last three months | <input type="checkbox"/> |
| ID card issued by a member state of the EC/EEA | <input type="checkbox"/> |

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 of 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	<input type="checkbox"/>
Property and Financial Affairs	<input type="checkbox"/>

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:

Date:
