Password protect and keep in secure location as it contains patient details. Encrypt if you

Insert "N" or details into relevant fields

	Patient number	Patient Name	DOB	Date of request	Deletion requested	Record change requested (details)	Copy of data requested (details)	Objection to specific processing	Request to stop processing marketing data	Request to delete all marketing data (not clinical records)	Request copy of clinical records
	No communication by email	No communication by texts	No communication by phone	No announcements and updates in newsletters	No practice services and promotions	No surveys or feedback	No other	Date request met			