Dear \_\_\_\_\_,

As I do not;

1. engage in any of the Regulated Activities as prescribed within Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; nor
2. engage in any activities which are ancillary to or carried out wholly or mainly in relation to any of these regulated activities; nor
3. will I have direct, face to face contact with a service user in any capacity in conjunction with my particular role

it is not a legal requirement or obligation for this organisation to check my vaccination status.

I am not legally required to be vaccinated against COVID-19 for my role as a condition of deployment and consequently there is no clear, transparent or necessary reason nor purpose for this organisation to record my vaccination status. Thereby, in the absence of any specified legitimate use for this information and lack of justification of any condition for processing this information, I politely decline to respond to this unfair, undue and irrelevant request to collect and process my protected special category health data.

Article 6(1)(e) of the United Kingdom General Data Protection Regulation – “Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.”

It is not by even the most ambitious of stretches of the imagination in the public interest in any way whatsoever to document the vaccination status of an individual who does not engage in any of the Regulated Activities as prescribed within Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and who will not engage in any direct, face to face contact with a service user in any capacity in conjunction with their particular role – and as I am therefore not legally required to be vaccinated against COVID-19 for my role as a condition of deployment, consequently there is no clear, transparent or necessary reason nor purpose to record my vaccination status and as such there is categorically no official authority to vest in this organisation for it to exercise in such a respect. On this basis, Article 6(1)(e) of the United Kingdom General Data Protection Regulation very clearly does not apply. It is as much in the public interest to record my vaccination status as it is to record how many times I went to the toilet yesterday, in that it is entirely irrelevant.

Article 9(2)(h) of the United Kingdom General Data Protection Regulation – “Processing is necessary for the purposes of preventative or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health and social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3 (personal data concerning health may be processed for the purposes referred to when those data are processed by or under the responsibility of a professional subject to the obligation of professional secrecy under Union or Member State law or rules established by national competent bodies or by another person also subject to an obligation of secrecy under Union or Member State law or rules established by national competent bodies)”.

Processing is abundantly clearly not necessary for the purposes of preventative medicine, occupational medicine, medical diagnosis or the provision of health and social care or treatment, since I am not personally subject to the treatment of this organisation and therefore it cannot be attempted to be construed that it is intended that I will receive preventative medicine, occupational medicine, medical diagnosis or the provision of health and social care or treatment from this organisation in any form. Again, an individual who does not engage in any of the Regulated Activities as prescribed within Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and who will not engage in any direct, face to face contact with a service user in any capacity in conjunction with their particular role thereby most certainly does not engage in the delivery of preventative medicine, occupational medicine, medical diagnosis or the provision of health and social care or treatment, either. Processing is also abundantly clearly not necessary for the assessment of the working capacity of the employee, nor the management of health or social care systems and services where, in line with this organisation’s risk identification process, Occupational Health intervention has not been identified as required in relation to the undertaking of any immunisation assessment, blood test assessment or baseline health surveillance measurement in conjunction with the particular role that I am employed to undertake, due to the fact that this does not meet the criteria of having social contact with patients in a clinical setting – meaning that I will not engage in any direct, face to face contact with a service user in any capacity in conjunction with my particular role – so I am therefore not legally required to be vaccinated against COVID-19 for my role as a condition of deployment and consequently there is no clear, transparent or necessary reason nor purpose for this organisation to record my vaccination status. On this basis, Article 9(2)(h) of the United Kingdom General Data Protection Regulation very clearly does not apply, either. It is as much necessary to record my vaccination status for these purposes as it is to record what colour underwear I am currently wearing, in that it is entirely irrelevant.

Article 9(2)(i) of the United Kingdom General Data Protection Regulation – “Processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy”.

Just as with Article 6(1)(e) of the United Kingdom General Data Protection Regulation, it is not by even the most ambitious of stretches of the imagination necessary in the public interest in the area of public health in any way whatsoever to document the vaccination status of an individual who does not do not engage in any of the Regulated Activities as prescribed within Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and who will not engage in any direct, face to face contact with a service user in any capacity in conjunction with their particular role. On this basis, Article 9(2)(i) of the United Kingdom General Data Protection Regulation very clearly does not apply, either. It is as much necessary and in the public interest in the area of public health to record my vaccination status as it is to record what I ate for my tea last night, in that it is entirely irrelevant.

Article 9(2)(j) of the United Kingdom General Data Protection Regulation – “Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject (those safeguards shall ensure that technical and organisational measures are in place in particular in order to ensure respect for the principle of data minimisation. Those measures may include pseudonymisation provided that those purposes can be fulfilled in that manner. Where those purposes can be fulfilled by further processing which does not permit or no longer permits the identification of data subjects, those purposes shall be fulfilled in that manner.)”.

Processing is blatantly not necessary for archiving purposes in the public interest, since once again, it is not by even the most ambitious of stretches of the imagination in the public interest in any way whatsoever to document the vaccination status of an individual who does not engage in any of the Regulated Activities as prescribed within Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and who will not engage in any direct, face to face contact with a service user in any capacity in conjunction with their particular role. Processing is also blatantly not necessary for scientific or historical research purposes or statistical purposes, since my vaccination status will not serve to provide deeper knowledge of any scientific or historical matter, nor will it result in aggregate data, as the data that is being requested concerns me specifically as an individual, is not intended to form abstract data concerning an anonymised group and the purpose of collection is solely to make a decision about me as a targeted individual. On this basis, Article 9(2)(j) very clearly does not apply, either. It is as much necessary to record my vaccination status for these purposes as it is to record how much money I have sat in my bank account, in that it is entirely irrelevant.

Regulation 3(3) of the Health Service (Control of Patient Information) Regulations 2002 (COPI), which were made under section 251 of the NHS Act 2006 – “The processing of confidential patient information for the purposes specified in paragraph (1) (subject to paragraphs (2) and (3) and regulation 7, confidential patient information may be processed with a view to (a) diagnosing communicable diseases and other risks to public health; (b) recognising trends in such diseases and risks; (c) controlling and preventing the spread of such diseases and risks; (d) monitoring and managing (i) outbreaks of communicable disease; (ii) incidents of exposure to communicable disease; (iii) the delivery, efficacy and safety of immunisation programmes; (iv) adverse reactions to vaccines and medicines; (v) risks of infection acquired from food or the environment (including water supplies); (vi) the giving of information to persons about the diagnosis of communicable disease and risks of acquiring such disease) may be undertaken by (a) the Public Health Laboratory Service; (b) persons employed or engaged for the purposes of the health service; (c) other persons employed or engaged by a Government Department or other public authority in communicable disease surveillance.”

Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI), which were made under section 251 of the NHS Act 2006 – “Where the Secretary of State considers that it is necessary to process patient information for a purpose specified in paragraph (1), he may give notice to any body or person specified in paragraph (3) to require that body or person to process that information for that purpose and any such notice may require that the information is processed forthwith or within such period as is specified in the notice.”

Similarly to Article 9(2)(h) of the United Kingdom General Data Protection Regulation, processing is abundantly clearly not permitted to be undertaken under this regulation since I am not personally subject to the treatment of this organisation and therefore it cannot be attempted to be construed that I am a patient of this organisation in any form. Furthermore, recording the vaccination status of an individual who does not engage in any of the Regulated Activities as prescribed within Schedule 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and who will not engage in any direct, face to face contact with a service user in any capacity in conjunction with their particular role would not serve to diagnose any communicable disease or other risk to public health, recognise trends in such a disease or risk, control or prevent the spread of such a disease or risk, monitor or manage outbreaks of communicable disease, incidents of exposure to communicable disease, the delivery, efficacy or safety of an immunisation programme or adverse reactions to a vaccine or medicine, a risk of infection acquired from food or the environment (including water supplies) or the giving of information to persons about the diagnosis of a communicable disease or risk of acquiring such disease, regardless. On this basis, Regulation 3(3) or (4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI), which were made under section 251 of the NHS Act 2006 very clearly does not apply, either. It is as much permitted to record my vaccination status under this regulation and it would serve just as well to do so for these purposes as it would to record where I went on my last holiday, in that it is not permitted and that it would be absolutely useless.

Thereby, this organisation is unable to rely upon Article 6(1)(e), Article 9(2)(h), Article 9(2)(i) or Article 9(2)(j) of the United Kingdom General Data Protection Regulation or Regulation 3(3) or (4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI), which were made under section 251 of the NHS Act 2006 as conditions which would provide legitimate justification for processing my special category health data, to which it has no right of access.

I have consulted Acas, the Equality Advisory and Support Service and a Solicitor and believe that this organisation’s making of such repeated unfounded requests is tantamount to discrimination on the grounds of my philosophical beliefs. I request that such acts cease immediately in order that they do not result in any further detriment to me, cumulative to the unwarranted and unnecessary stress and anxiety to which they are currently subjecting me.

I will not be oppressed or bullied or pressured into providing private information which I factually have no obligation to share. It is nothing other than sheer abuse of power.

I wish to lodge a formal complaint regarding this matter, and I request a full and final response within 28 calendar days, in order that I may then escalate my complaint directly to the Information Commissioner’s Office should this organisation fail to respond satisfactorily within this timeframe.

In the meantime, I shall notify Acas immediately of my desire to enter into Early Conciliation in advance of lodging Employment Tribunal proceedings.

Yours faithfully,