

APPLICATION FORM ACCORDING TO THE LAW ON THE PROTECTION OF PERSONAL DATA

Application date : / /

"Request for Personal Data"

In case of "Request for Personal Data" belonging to someone else (if he/she has not reached the age of 19, his/her parents or guardian, if under guardianship, his/her guardian, persons to whom the data subject has given express power of attorney)

A. Contact information of the applicant:

Name and Surname: Signature:.....

Date of birth:...../ / T.R. Identification Number :

Phone Number:

E-mail Address:

Address:

B. Owner of the requested Personal Data:

Name and Surname:

Date of birth:...../ / T.R. Identification Number:

Phone Number:

E-mail Address:

Address:

C. Please indicate your relationship with Private Rami Hospital. (Like a patient, ex-employee, third party, employee of the company providing services to Private Rami Hospital)

Private Rami Hospital will fill those who receive health care

Outpatient Treatment I Have Been Inpatient Treatment I had an operation Other:

Health Units Served:

.....

Employees at Private Rami Hospital will fill it out.

I'm Current Employee

My Former Employee Years I Worked :

Other:

D. Please specify your request under the Personal Data Protection Law in detail:

.....
.....
.....

E. Please choose the method of notifying you of our response to your application:

I want it sent to my address.

I want it sent to my e-mail address.

I want to receive it by hand.

(If requested by proxy, a power of attorney or a document showing the authority of the authorized person is required.)

F. Description

By filling out this form,

- A signed copy is located at Cuma Mah. Talimhane Cad. No:13 Rami, Eyüpsultan, 34055 Eyüp/Istanbul address in person, can be sent via a notary public,
- You can send it to guvencozelsaglik@hs01.kep.tr with secure electronic or mobile signature, via your registered e-mail address or your e-mail address registered in our system..

This application form you have filled in has been prepared in order to determine your relationship with Private Rami Hospital and to respond to your application accurately and within the legal timeframe, if any, regarding your personal data processed by Private Rami Hospital. Private Rami Hospital reserves the right to request additional documents and information (such as a copy of your identity card or driver's license) for identification and authorization determination, in order to eliminate the legal risks that may arise from illegal and unfair data sharing and especially to ensure the security of your personal data.

In the event that the information regarding your requests you have submitted within the scope of the form is not correct and up-to-date, or an unauthorized application is made, Private Rami Hospital does not accept any responsibility for such wrong information or requests arising from unauthorized applications, or for any failures that may occur during the delivery of our answers to the addresses you have specified.

To be filled by the hospital.

Date: / /

Recipient's Name and Surname: Signature:.....