|  |  |  |  |
| --- | --- | --- | --- |
| Evidence number |  | Date of request |  |

|  |  |
| --- | --- |
| **Applicant** | |
| Name and surname |  |
| Date of birth |  |
| Address of permanent residence |  |
| Number of passport or another ID |  |
| Telephone number |  |
| E-mail address |  |
| Form of communication | 🞎 e-mail 🞎 by post 🞎 by phone |

🞎 My personal data

For personal contact – your personal ID (passport), other forms – officially verified signature.

🞏 Person designated by personal data subject on behalf of officially verified power of attorney related to actual request. This authorization expires upon the death of patient, unless the power of attorney stipulates otherwise.

Officially the power of attorney, ID of requester.

🞎 The child of whom I am the legal representative.

Birth certificate of the child, ID of the applicant.

🞎 A deceased patient, as a close person I am entitled to obtain information, unless excluded by law

No. 372/2011 Coll., on health services, as amended.

Certificate of death, birth certificate of requester, ID of requester.

|  |  |
| --- | --- |
| **Subject of personal data** | |
| Name and surname |  |
| Date of birth |  |
| Address of permanent residence |  |

|  |  |
| --- | --- |
| **Specification of request** | |
| 🞎 access to personal data | 🞎 restriction on the processing of personal data |
| 🞎 transition of personal data | 🞎 review of automatic decision-making |
| 🞎 correction of personal data | 🞎 objection to the processing of personal data |
| 🞎 deletion of personal data | 🞎 withdrawal of consent |

|  |
| --- |
| **Specify what data and what specific processing your request relates to.**  We may not be able to process your request without a clear explanation and justification: |
| **Justification of your request:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Verification of identity** | | | |
| Date |  | Stamp, signature |  |

Date ……………………….. Signature of applicant/personal data subject