

MEMORIAL

APPLICATION FORM ON PERSONAL DATA PROTECTION LAW

Application Date: / /

- "Personal Data Request" Belong to One
- In case of request for "Personal Data" of someone else (parents or custodians if they have not passed 19 years of age, guardian if under guardianship, persons whom the person concerned has explicitly given power of attorney in this direction).

A. Information Details of the Person who Applied:

Name Surname:..... Signature:.....
Date of Birth:...../ / T.R. Identity No:
Phone Number:
E-mail Address:
Address:

B. Owner of Personal Data Requested:

Name Surname:
Date of Birth:...../ / T.R. Identity No:
Phone Number:
E-mail Address:
Address:

C. Please indicate your relationship with Memorial. (For example; "Patient, former employee, third party, employee of the Memorial)

Below part will be filled by health service recipients at Memorial.

- I am an outpatient I am an inpatient I was operated Other:

Service Received Health Units:

.....
.....

Below part will be filled by employees at Memorial.

- I am currently an employee
- I am a former employee Years I Worked:
- Other:

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

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

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

- I want it to be sent to my address.
- I want it to be e-mailed to my e-mail address.
- I want to receive it in person.

(A power of attorney or document indicating the authority of the authorized person should be available if requested by proxy.)

F. Explanation

MEMORIAL

By filling this form,

- You can personally deliver a signed copy to Burhaniye Mah. Nagehan Sk. A Apt. No: 4 A / 1 34476 - Üsküdar / İstanbul address, send through a notary,
- or you can send it via a recorded e-mail address or an e-mail address recorded in our system, as secured e-mail or with mobile signature to the memorialsaglikgrubu@hs02.kep.tr address.

This application form, which you have completed, is designed to determine your relationship with Memorial Hospital and to respond to your application in a timely by law and accurate manner with respect to your personal data processed by Memorial Hospital, if any. Memorial Hospital reserves the right to request additional documents and information (such as identity card or driver's license) for identification and authorization in order to eliminate the legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data. Memorial Hospital accepts no responsibility for any incorrect information or unauthorized application requests or problems that may arise during the sending of our answers to the addresses you specify in case the information regarding your requests submitted within the form is not correct and not up to date or an unauthorized application is made.

Below part will be filled by the Hospital.

Date: / /

Received by: Signature:.....