

**OZEL YASAM HASTANESI (PRIVATE YASAM HOSPITAL)
FORM FOR REQUESTING ACCESS TO THE PERSONAL DATA**

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|--|---|---|--|
| APPLICANT'S DETAILS: | ID/Passport Number | | |
| | Full Name | | |
| | Date of Birth | | |
| | Telephone Number | | |
| | Address | | |
| | <input type="checkbox"/> I am Data Owner (I Request Access To My Own Data) | | |
| <input type="checkbox"/> I am one of the relative of the Data Owner (I Request Access To Data of My Relative) | | | |
| Degree of Affinity: <i>* If you are a Legal Representative, then please attach the respective decision hereto. * Any identity card, etc. may be asked for identification purposes in order to ensure the security of your personal data.</i> | | | |
| DETAILS FOR RELATION WITH THE INSTITUTION | Your Relation with Our Institution | | |
| | <input type="checkbox"/> Patient/Patient Relative <input type="checkbox"/> Personnel/Former Personnel/Candidate <input type="checkbox"/> Supplier/Company Employee | | |
| | For Our Patients | For Our Personnel | For Our Suppliers |
| | The Unit From Which Any Service Has Been Received Recently: Application Deadline: | Current personnel For Former Personnel Working Period: Application Year For the Candidates: | Trade Name of the Company For Which You Have Served: Position in the Company: |
| INFORMATION ABOUT THE REQUEST | <i>Please provide a description for the personal data you requested and please share any information about the location of the data, if available.</i> | | |
| | Select Sending Method For Response <input type="checkbox"/> I want it to be sent to my address <input type="checkbox"/> I want it to be sent to my e-mail address <input type="checkbox"/> I want to receive it in person. | | |

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|----------------------|---------------------|
| Requested by: | Organization |
| Date of Request : | Date of Receipt : |
| Full Name : | Received By: |
| Signature : | Signature : |

(Document Code to be Entered)