

**REQUEST TO ACCESS REGISTER DATA**

Article 15 of the EU General Data Protection Regulation

I request access to the data concerning me that is stored in the personal data register stated below (for example, my patient information in Pihlajalinna's shared patient register or my customer information in Pihlajalinna's customer register):

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I request access to:

 The documents/data listed below

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 Only the data for the following period of time \_\_\_\_\_ All of my data I also request access to any data on visits that I have specified as confidential and/or the data that I have not allowed to be recorded in the shared register. I give my consent to the collection of this confidential visit data.

The delivery method for the aforementioned data:

 As an encrypted email to the email address provided below As a printed copy to the address provided below As a printed copy to be picked up from a clinic, which clinic: \_\_\_\_\_

The request must be submitted in writing to a Pihlajalinna clinic as persons requesting their personal data must prove their identity with a photo ID. You may either print the form yourself or pick it up at a clinic.

The controller must inform the data subject of the measures taken within a month of the day the request was received.

Name \_\_\_\_\_

Personal identity code \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Date and place \_\_\_\_\_

Signature\*) \_\_\_\_\_

Print name\*) \_\_\_\_\_

\*) The signature and printed name of the data subject or their legal representative. The signature of the legal representative or guardian is required when a minor is unable to make decisions about their care due to their age and development level. The signature of the legal guardian is required when an adult is not capable of assessing the significance of the request.

**Filled in by the clinic:**

The identity of the maker of the request must be verified from a photo ID.

Methods for verifying identity:

Driving licence     Passport     An identity card issued by the police

Other, what: \_\_\_\_\_

The name and clinic of the person processing the request form: \_\_\_\_\_

\_\_\_\_\_

The date when the form was received: \_\_\_\_\_

If the request was made by a legal representative or guardian:

The personal identity code of the legal representative: \_\_\_\_\_

The legal representative's right to make the request has been confirmed at the clinic

The method for confirming the legal representative's right: \_\_\_\_\_

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