

## REQUEST FOR RECTIFICATION OF DATA

Article 16 of the EU General Data Protection Regulation

I request the rectification of data concerning me in the personal data register stated below:

---

I request the rectification of the following **inaccurate** data  
(state the data to be rectified, the suggested rectification and the reasons for the request):

---

---

---

I request the **completion** of the following data in the register  
(state why you want the data to be completed):

---

---

---

I request the erasure of the following **unnecessary** data  
(state the data to be erased and the reasons for erasure):

---

---

---

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: \_\_\_\_\_

\_\_\_\_\_