

Law No. 6698 on the Protection of Personal Data (KVKK) ACCESS TO PERSONAL DATA/INFORMATION REQUEST FORM

You are kindly ask to fill out the application form below in a complete and clear manner and sign in order to fulfill the requests to be made within the scope of the Law on Protection of Personal Data (“KVKK”) by,

By sending it to **Private Rumeli Hospital** at the address of Tefvik Bey Mah. Mektep Sok.No:11 Küçükçekmece – İstanbul

via mail, or

By sending an e-mail to **info@rumelihospital.com.tr** through **mobile signature/secure electronic signature**.

You can get detailed information about the application processes by sending an e-mail to **info@rumelihospital.com.tr**.

The application shall be answered as soon as possible and within 30 days at the latest. In case the information and documents you provide us are missing or illegible, you will be contacted to clarify your application. As a result of the clarification of the application, the 30-day period, which is the time to respond to the request, will begin.

1. IDENTITY AND COMMUNICATION INFORMATION OF THE PERSONAL DATA SUBJECT

Name and surname:	
R.T. Identification number:	
Telephone Number:	
Address:	
E-mail address	
Your relationship with our hospital <i>(Such as Employee, candidate, ex-employee, trainee, third-party company employee, patient, patient relatives business partner)</i>	

2. INFORMATION ON THE SELECTION OF THE RIGHT TO BE USED BY THE PERSONAL DATA SUBJECT

	<i>(Please tick the check box(es) next to the statement that suits your request)</i> I want to know whether the <i>hospital</i> is processing my personal data.
	In case the Hospital is processing my personal data, I request information about these data processing activities.
	In case the hospital is processing my personal data, I would like to know purpose of processing and to find out whether my personal data is used in accordance with the purpose of the processing.
	In case personal data is transferred to third parties in land and abroad, I want to know the purpose of the transfer and the third parties receiving the transferred data.
	I believe that my personal data was incomplete or incorrectly processed and i request this circumstance be remedied.
	Although my personal data has been processed in accordance with the law and other relevant legal provisions, I want my personal data to be deleted.
	I request my personal data that I believe processed incompletely or incorrectly be corrected before third parties to whom my personal data has been transferred.
	I request my personal data, which I request to be deleted, to be deleted before the third parties.

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	I believe that my personal data processed by the hospital are analyzed exclusively through automated systems, and as a result of this analysis, I may encounter a unfavorable consequence. I object to this conclusion.
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3. EXPLANATION ABOUT THE REQUEST (Please specify your request under the KVKK and the personal data subject to your request in detail.)

4. ANNEXES

Please indicate if there is a document you want to base your application on.

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5. PLEASE SELECT THE METHOD OF SUBMITTAL OF YOUR RESPONSE TO THE APPLICATION.

- I request it to be sent to my address.
- I request it to be sent to my e-mail address.
- I request to receive it personally.

6. DECLARATION OF THE APPLICANT

This application form has been drawn up in order to be able to respond to your relevant application accurately and in legal time by determining your relationship with our Hospital and determining your personal data processed by our Hospital, if any. Our hospital reserves the right to request additional documents and information (copy of identity card, copy of driving license or power of attorney, etc.) 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. In case the information regarding your requests within the scope of the form is not correct and up-to-date, or an unauthorized application is made, our Hospital does not accept any liability for such incorrect information or requests arising from unauthorized application. All responsibility arising from illegal, misleading or wrong applications belongs to the applicant.

Personal Data Subject/Person Applying on behalf of Someone Else
Name and surname:
Application date:
Signature:

If you are applying on behalf of someone else, please send the documents indicating that you are authorized to apply (such as power of attorney issued by the *personal data subject/ his/her guardian/parent* or an instrument indicating that *the applicant is legally authorized to obtain personal health information*) in the annex of the application. In order for these documents to be accepted as valid, they are required to be issued or approved by the competent authorities.

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