

First name _____

Last name _____

Date of birth / personal identity code _____

Address _____

Telephone _____ E-mail address _____

According to my rights specified in the General Data Protection Regulation, I hereby request PlusTerveys Lääkärit Oy (Business ID 0361675-9) to:

- | | |
|---|--|
| <input type="checkbox"/> provide me with the data on me in their register | <input type="checkbox"/> transfer my data between systems |
| <input type="checkbox"/> rectify any inaccurate data | <input type="checkbox"/> object to the processing of my personal data |
| <input type="checkbox"/> erase my data | <input type="checkbox"/> withdraw my consent for processing data on me |
| <input type="checkbox"/> restrict the processing of the data on me | |

The storage of patient documents is specifically stipulated in the Finnish Act on the Status and Rights of Patients (785/1992) and the Decree of the Finnish Ministry of Social Affairs and Health on Patient Documents (298/2009). You do not have the option to request the erasure of patient data.

My request is about:

- my patient data personal data other than patient data all personal data

Doctor in charge of treatment and clinic

Additional information related to my request (e.g. rectification of data)

- I have submitted this request to a PlusTerveys clinic and provided proof of identity. PlusTerveys will provide the requested data in printed form. I want my data mailed to the following address:

- I will pick up the data at the following PlusTerveys clinic:

We will disclose data only to the data subject in question. Please be prepared to provide proof of identity when picking up the data.

Place and date

Signature and printed name

Entries made by the clinic

Type of proof of identity passport driver's licence identity card

Identity verified by, date + signature

Name/stamp of the clinic
