

APPLICATION FORM IN ACCORDANCE WITH THE LAW ON PROTECTION OF PERSONAL DATA

A- Contact information of the applicant data owner:

Name and surname:

Identification number:

Mobile phone:

Email address: Home Phone:

Address:

B- Contact information of the authorized person who made the application on behalf of the data owner:

Name and surname:

Identification number:

Mobile phone:

Email address: Home Phone:

Address:

C- Demands and requests:

Your Current Location

- Patient
- Relative of the patient
- Employee
- Business partner
- Former Employee
- Other:

D- Our unit within our institution that you are in contact with:

E- Your Demands:

- 1 Is my personal data processed before your institution?
- 2 What are the processing activities of my personal data?
- 3 What is the purpose of processing my personal data?
- 4 My personal data is transferred to third parties in the country or abroad.

Is it being transferred?

5 Correction of my personal data as stated below

I have a request.

(You must direct this request by clearly stating the information you request for correction and submitting documents showing correct or complementary information.)

6 My request for deletion of my personal data that I have stated below

are available. (The reason should be stated.)

7 Anonymization of my personal data that I have specified below

I have a request. (The reason should be stated.)

8 I have received my request for rectification and / or deletion to the persons listed below.

I have a request to be notified.

9 I request that my personal information is not shared with anyone except legal obligation.

10 I allow my clinical photos to be taken and used for diagnostic, scientific, educational or research purposes together with clinical data for educational, diagnostic, follow-up and scientific purposes.

11 I request my personal information to be shared with the Ministry of Health.

12 I request compensation for the damage I suffered due to unlawful processing of my personal data. (Please indicate the justification of your request and the damage you think you have suffered in the space below; please include the supporting information and documents (e.g. Personal Data Protection Board or court decisions) in the Appendix of the Application Form.)

DESCRIPTIONS

Method of Notifying You of the Response to Your Application. I want it to be sent to the address I have specified above. I want it to be sent to the e-mail address I have specified above. I want to receive it by hand. (Notarized in case of receipt by proxy

a power of attorney or a certificate of authorization.)

Related person

Name surname

Date - Signature