

..... 20..... No 9.1-28/
(request registration date and number)

REQUEST RELATED TO PERSONAL DATA

Patient's data:

name and surname

personal identification code (or, if not available, date of birth)

mobile number, incl. country code

e-mail address

address postal code

type and number of identity document

Applicant (not to be filled if the patient is the applicant):

name and surname

personal identification code

mobile number, incl. country code

e-mail address

address and postal code

relation to the patient

type and number of identity document

Medicum Group's unit to which the request is addressed:

- ☐ AS Medicum Tervishoiuteenused
- ☐ Medicum Perearstikeskus AS
- ☐ Medicum Taastusravi OÜ
- ☐ OÜ Medicum Dental
- ☐ OÜ Koduõde

Content:

- ☐ I would like to request that my personal data be issued to me *(fill out section 1)*
- ☐ I would like to request a transfer of my personal data to another controller *(fill out section 2)*
- ☐ I would like to request the erasure of my personal data *(fill out section 3)*
- ☐ I would like to request the rectification my personal data or its completion *(fill out section 4)*
- ☐ I would like to request a restriction on the processing of my personal data *(fill out section 5)*

Type of document of which a copy is requested:

- ☐ Health card
- ☐ Medical history / Patient summary

(Which part? For which period?)

(which part?)

- ☐ Results of analyses (which?)
- ☐ Radiology tests (which?)
- ☐ Other documents (which?)

1. If issuing of personal data to the patient is requested, the manner of issuing such data:

- ☐ the patient will collect the data in person
- ☐ by registered mail
- ☐ the encrypted personal data will be sent to the patient's email using the address provided above
- ☐ another person will collect the data (based on an authorization provided herein)

Name of the person to whom the document will be presented

Relation to the patient

Type and number of identity document of the person to whom the document will be presented

To be filled out by Medicum:

- ☐ Medicum will grant the request
- ☐ Medicum will not grant the request

Reason for not granting the request:

2. If transfer of personal data to another controller is requested, the controller's contact data:

Name of legal person

Registry code of legal person

Name and surname of contact person

Personal identification code of contact person (or, if not available, date of birth)

Mobile number of contact person (incl. relevant country code)

Personal data will be transferred to another controller only in encrypted form

To be filled out by Medicum:

- ☐ Medicum will grant the request
- ☐ Medicum will not grant the request

Reason for not granting the request:

3. If deletion of personal data is requested, circumstances prompting the deletion request:

- ☐ the data is not needed for the initial purpose of the collection and processing of personal data; clarification of the purpose for which the data was processed

- ☐ the patient has withdrawn their consent to have their personal data processed and there is no other basis for processing that data; clarification of which type of data processing does the withdrawn consent concern

- ☐ personal data has been processed unlawfully; clarification of the unlawfulness

- ☐ patsiendi selline õigus this right of the patient derives from the EU or member state law directly applicable to Medicum; reference to the legal basis

To be filled out by Medicum:

- ☐ Medicum will grant the request
☐ Medicum will not grant the request

If Medicum refuses to delete personal data, the reason for the decision:

- ☐ there is no basis for granting the request

- ☐ data processing is required for Medicum to comply with legal obligations under the EU or member state law or for the performance of a task carried out in the public interest, in particular the obligation of documenting the provision of medical services and retaining documents

- ☐ data processing is required for reasons of public interest in the area of public health

- ☐ data processing is required for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes

- ☐ data processing is required for the establishment, exercise or defence of legal claims

4. If rectification of inaccurate personal data is requested, reason for the rectification request, and new, rectified personal data:

To be filled out by Medicum:

- ☐ Medicum will grant the request
☐ Medicum will not grant the request

Reason for not granting the request:

5. If a restriction on the processing of personal data is requested, reason for the request:

- ☐ the patient has contested the accuracy of their personal data
☐ the processing of personal data is unlawful and the patient opposes the erasure of their personal data
☐ Medicum no longer needs the personal data for the purposes of the processing, but they are required by the patient for the establishment, exercise or defence of legal claims

To be filled out by Medicum:

- ☐ Medicum will grant the request
☐ Medicum will not grant the request

Reason for not granting the request:

(digitally signed)

(date of digital signature)

Applicant's signature

Date of request

*Medicum undertakes to respond to a request within one (1) month of receiving it.
For further information on the processing of personal data by companies in the Medicum Group,
please see our privacy policy available at www.medicum.ee.*