

APPLICATION FORM ACCORDING TO THE LAW ON THE PROTECTION OF PERSONAL DATA

A- Contact information of the data owner applying:

Name and surname:

T.R. Identification number:

Mobile phones:

E-mail address:

Home phone:

Address:

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

Name and surname:

T.R. Identification number:

Mobile phones:

E-mail address:

Home phone:

Address:

C- Demands and requests: Your Current Position

Patient

Relatives of the patient

Employee

Partner

Former Employee

Other:

D- The unit you are in contact with in our institution:

E- Your requests:

1. Is my personal data processed by your institution?
2. What are the processing activities of my personal data?
3. What is the purpose of processing my personal data?
4. Is my personal data transferred to third parties at home or abroad?
5. I have a request for correction of my personal data as stated below. (You must address this request by clearly stating the information you request correction and submitting documents showing correct or complementary information.)
6. I have a request for deletion of my personal data stated below. (The reason must be stated.)
7. I have an anonymization request regarding my personal data that I have stated below. (The reason must be stated.)
8. I have a request to be notified of my correction and/or deletion request to the following persons.
9. Request that my personal information not be shared with anyone except for legal obligations. I do.
10. I allow my clinical photos to be taken and used for diagnostic, scientific, educational or research purposes together with clinical data by keeping my identity information confidential for educational, diagnostic, follow-up and scientific purposes.
11. I request that my personal information be shared with the Ministry of Health.
12. I request compensation for the damage I have suffered due to the unlawful processing of my personal data. (Please indicate the reason for this request and the damage you think you have suffered in the space below; please include the supporting information and documents regarding these issues (for example, the Personal Data Protection Board or court decisions) in the Appendix to the Application Form.)

DESCRIPTIONS

The Method of Notifying You of the Response to Your Application

- I want it to be sent to the address I specified above.
- I want it to be sent to my e-mail address that I specified above.
- I want to receive it by hand. (In case of receipt by proxy, a notarized power of attorney or authorization document is required.)

RELATED PERSON

Name Surname :

Date :

Signature :