

Evidence number		Date of request	
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Applicant	
Name and surname	
Date of birth	
Address of permanent residence	
Number of passport or another ID	
Telephone number	
E-mail address	
Form of communication	<input type="checkbox"/> e-mail <input type="checkbox"/> by post <input type="checkbox"/> by phone

- My personal data
For personal contact – your personal ID (passport), other forms – officially verified signature.
- Person designated by personal data subject on behalf of officially verified power of attorney related to actual request. This authorization expires upon the death of patient, unless the power of attorney stipulates otherwise.
Officially the power of attorney, ID of requester.
- The child of whom I am the legal representative.
Birth certificate of the child, ID of the applicant.
- A deceased patient, as a close person I am entitled to obtain information, unless excluded by law No. 372/2011 Coll., on health services, as amended.
Certificate of death, birth certificate of requester, ID of requester.

Subject of personal data	
Name and surname	
Date of birth	
Address of permanent residence	

Specification of request	
<input type="checkbox"/> access to personal data	<input type="checkbox"/> restriction on the processing of personal data
<input type="checkbox"/> transition of personal data	<input type="checkbox"/> review of automatic decision-making
<input type="checkbox"/> correction of personal data	<input type="checkbox"/> objection to the processing of personal data
<input type="checkbox"/> deletion of personal data	<input type="checkbox"/> withdrawal of consent

Specify what data and what specific processing your request relates to. We may not be able to process your request without a clear explanation and justification:
Justification of your request:

Verification of identity			
Date		Stamp, signature	

Date

Signature of applicant/personal data subject