

RIGHT TO THE LIMITATION OF PROCESSING EXERCISING THE RIGHT TO THE LIMITATION OF PROCESSING

DATA OF THE IN	ITERESTED PARTY		
Mr./Ms./Mrs.		, of le	gal age, with address for service
at	, No	_, Postal Code	gal age, with address for service , City,
Province	, Autonomous Comr	nunity	, e-mail
	, with Identificati	on Card Number	, copy attached.
	EPRESENTATIVE (when		
Mr./Ms./Mrs		, of lega	al age, with address for service
at	, No	, Postal Code	al age, with address for service, City,
Province	, Autonomous Comr	nunity	, e-mail
	, with Identific	cation Card Number	, copy attached.
In accordance with DATA CONTROLLE	·	18 of Regulation (EU) 20	ber B93072650. D16/679, I REQUEST that the ta due to (check one or several
The personal	data available to the DATA	A CONTROLLER are inac	curate.
The processir	ng of the personal data by	the DATA CONTROLLER	is unlawful.
The intereste behalf.	d party wishes to retain th	e personal data for the	exercise of actions on their
The intereste for the purpose of		rocessing of personal d	ata by the DATA CONTROLLER
	s request is determined to be gr ng may be denied and that you I		in mind that your right to the e fee for the administrative costs





In the event that you grant/do not grant my right to limit the processing of my personal data, such decision will be communicated to me by (personal pickup or electronic means).
INFORMATION 7 $k'u=-'@'u-k-ou-$) 'h' ku'
 In the event that the processing of personal data is limited, your data can only be processed, with the exception of being retained, upon your consent or for the formulation of the exercise or defense of claims, or, when applicable, with the aim of protecting the rights of another natural or legal person or for reasons of important public interest. In the event that the limitation of the processing of your data is lifted, you will be informed beforehand.
In, on (date), (month), (year). Signed

Mr./Ms./Mrs. _____ (interested party/representative)





IMPORTANT (ATTACH OF THE REQUEST):

- If you are the interested party, you must attach a copy of your Identification Card.
- If you are the representative, you must attach a copy of the Identification Card of the interested party along with a copy of your Identification Card and documentary proof accrediting your representation.

BASIC INFORMATION ON THE PROTECTION OF DATA

In accordance with the provisions in Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data (GDPR), we inform you that the personal information you supply will be duly recorded and incorporated into the data processing systems of SICAP HEALTHCARE S.L.P in order to process your request. Consequently, if you do not accept the described processing, we cannot process your request. Likewise, you are informed that your personal information will not be transferred to any recipient other than those expressly authorized by you or required by law and will not be used for any purpose other than that included here or for incompatible purposes. You can exercise your rights of access, rectification, erasure, limitation of specific processing, portability, automated decisions and opposition to the processing described at the following address: High Care Hospital, C/ Ventura del Mar 11, 29660 Marbella (Malaga). However, if you so desire, you may also contact the Data Protection Officer at the following address: delegadolopd@facialteam.eu. In the event that you require additional information about the processing of your personal data, you can consult the additional information at the following link: https://facialteam.eu/privacy-policy/

