



FACIALTEAM

RIGHT OF RECTIFICATION EXERCISING THE RIGHT OF RECTIFICATION

DATA OF THE INTERESTED PARTY

Mr./Ms./Mrs. _____, of legal age, with address for service at _____, No. _____, Postal Code _____, City _____, Province _____, Autonomous Community _____, e-mail _____, with Identification Card Number _____, copy attached.

DATA OF THE REPRESENTATIVE (when applicable)

Mr./Ms./Mrs. _____, of legal age, with address for service at _____, No. _____, Postal Code _____, City _____, Province _____, Autonomous Community _____, e-mail _____, with Identification Card Number _____, copy attached.

DATA OF THE DATA CONTROLLER

Name/Corporate Name: SICAP HEALTHCARE S.L.P, with address for service at High Care Hospital, C/ Ventura 11, 29660 Marbella (Malaga) Spain, Tax Identification Number B93072650.

In accordance with the provisions in Article 16 of Regulation (EU) 2016/679, I REQUEST that the DATA CONTROLLER undertake the effective rectification of my inaccurate and/or incomplete personal data being processed¹. In this respect, I inform you that the inaccurate and/or incomplete data to be rectified are those listed in the Attachment to this request, accompanied by the documentation justifying the inaccuracy or incomplete nature of my data, where applicable².

In the event that you grant/do not grant my right to rectify my personal data, such decision will be communicated to me. For the purposes of receiving this communication, I request that I receive it by _____ (personal pickup or electronic means).

¹ In the event that this request is determined to be groundless or excessive, bear in mind that your right of rectification may be denied and that you may be charged a reasonable fee for the administrative costs incurred.

² If there is any accompanying documentation, please attach it to this request in a legible and comprehensive form in order to process the request correctly.





FACIALTEAM

In _____, on ____ (date), _____(month), _____ (year).

Signed

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

IMPORTANT (ATTACH TO 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/>



ATTACHMENT

INACCURATE / INCOMPLETE DATA

ACCURATE / COMPLETE DATA