



facialteam

Facial feminization surgery

Right Of Access – Exercising The Right Of Access

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 15 of Regulation (EU) 2016/679, I REQUEST that the DATA CONTROLLER communicate to me whether or not my personal data are being processed and, if this is the case, provide me with one (1¹) copy of my personal data being processed², communicating to me, in turn, the information contained in Section 1 of Article 15 of Regulation (EU) 2016/679³.

¹ The request for one (1) copy will be completely free of cost for you, although if you wish to have more than one copy, you should be aware that you may be charged a reasonable fee for the administrative costs incurred.

² In the event that you wish to access only part of your personal data being processed and not all of them, please indicate this in the "Observations" section, specifying the specific data you wish to access.

³ In the event that this request is determined to be groundless or excessive, your right of access may be denied.



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For the purposes of receiving the copy of my personal data being processed, I request that I receive it by _____ (personal pickup or electronic means).

Observations:

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: delegadolpd@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: facialteam.eu/privacy-policy/