

Facial feminization surgery

## Right To The Limitation Of Processing Exercising The Right To The Limitation Of Processing

| <b>DATA OF THE INTE</b> | RESTED PARTY                                                                                     |                                           |
|-------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------|
| Mr./Ms./Mrs             | ,                                                                                                | , of legal age, with address for service  |
|                         | , No, Postal Code _                                                                              |                                           |
| Province                | , Autonomous Community                                                                           | , e–mail                                  |
|                         | , with Identification Card Numb                                                                  | ber, copy attached.                       |
| DATA OF THE REP         | RESENTATIVE (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 Nu                                                                    | ımber, copy attached.                     |
| DATA OF THE DAT         | A CONTROLLER                                                                                     |                                           |
| Name/Corporate          | Name: SICAP HEALTHCARE S.L.P, with add                                                           | dress for service at High Care Hospital,  |
| C/ Ventura 11, 296      | 60 Marbella (Malaga) Spain, Tax Identifio                                                        | cation Number B93072650.                  |
| In accordance wit       | th the provisions in Article 18 of Regulat                                                       | tion (EU) 2016/679, I REQUEST that the    |
| DATA CONTROLLEI         | Ragree to limit the processing of my pe                                                          | ersonal data due to (check one or         |
| several of the fol      | lowing boxes as appropriate):1                                                                   |                                           |
| The personal            | data available to the DATA CONTROLLE                                                             | R are inaccurate.                         |
|                         | ng of the personal data by the DATA CO                                                           |                                           |
|                         |                                                                                                  | data for the exercise of actions on their |
| behalf.                 |                                                                                                  |                                           |
| The intereste           | ed party has opposed the processing of                                                           | f personal data by the DATA               |
|                         | he purpose of creating profiles.                                                                 | ,                                         |
|                         | s request is determined to be groundless or exce<br>ng may be denied and that you may be charged |                                           |

incurred.



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| such decision will be communicated electronic means).                                                                                                                                                                                  | . •                                                                                    |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| INFORMATION                                                                                                                                                                                                                            |                                                                                        |                                                                                          |
| <ul> <li>In the event that the processing of processed, with the exception of bei of the exercise or defense of claims, rights of another natural or legal per</li> <li>In the event that the limitation of the beforehand.</li> </ul> | ing retained, upon your c<br>, or, when applicable, with<br>rson or for reasons of imp | onsent or for the formulation<br>h the aim of protecting the<br>portant public interest. |
| In, on (date),<br>Signed                                                                                                                                                                                                               | (month),                                                                               | (year).                                                                                  |
| Mr./Ms./Mrs                                                                                                                                                                                                                            | (interested pa                                                                         | arty/representative)                                                                     |



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## **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: facialteam.eu/privacy-policy/