

Facial feminization surgery

Right Of Portability Exercising The Right To The Portability Of Data

DATA OF THE INTER	RESTED 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 REPR	RESENTATIVE (when applicable)	
Mr./Ms./Mrs	, of legal	age, with address for service a
	, No, Postal Code	, City,
Province	, Autonomous Community	, e–mail
	, with Identification Card Number	, copy attached.
DATA OF THE DATA	A CONTROLLER	
Name/Corporate N	Name: SICAP HEALTHCARE S.L.P, with address for	r service at High Care Hospital,
C/ Ventura 11, 2966	60 Marbella (Malaga) Spain, Tax Identification N	umber B93072650.
In accordance wit	th the provisions in Article 20 of Regulation (EU)) 2016/679, I REQUEST that the
DATA CONTROLLER	R supply me with my personal data in a structu	red format in common use and
machine readable	e to be able to transfer them to the new Data C	Controller. 1
In the event that t	this is technically possible, I REQUEST that inste	ead of providing these personal
data to me, that th	hey be transferred directly to the new Data Co	ontroller:
	(indicate	e natural/legal person;
IdentificationCard	Number/Tax Identification Number; Address for	Service; City; Autonomous
Community; e-ma	nil; any other contact data)	

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



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	nt my right to limit the processing of my personal data, o me by (personal pickup or
In this respect, the interested party is in requirements listed in Section 1 of Artic requests cannot be considered.	complied with in accordance with applicable legislation. Informed that this right will be considered when the cle 20 of Regulation (EU) 2016/679 are met, and other It data will not negatively affect the rights and freedoms
In, on (date), Signed	(month), (year).
Mr./Ms./Mrs	(interested party/representative)



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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: facialteam.eu/privacy-policy/