

FORM FOR EXERCISING THE RIGHT TO RECTIFY ⁽¹⁾

Details of the interested party ⁽²⁾

Full name _____ Clinical record number / Personal ID code _____

National Identity Card/Foreign Resident Identification Card/Passport _____ Address _____

Telephone _____ Email address _____

Details of the representative ⁽³⁾

Full name _____

National Identity Card/Foreign Resident Identification Card/Passport _____ Address _____

Telephone _____ Email address _____

Information to be rectified

Incorrect information _____

Correct information _____

I REQUEST THE FOLLOWING:

In accordance with the provisions of Article 16 of the Personal Data Protection Act 15/1999, of 13th December, the incorrect information specified on this form must be rectified, and I attach accrediting documentation to this effect.

Attached documentation

- Photocopy of the National Identity Card, Passport or other valid document that identifies the interested party
- Photocopy of the National Identity Card, Passport or other valid document that identifies the interested party's representative
- Photocopy of the document accrediting power of representation
- Accrediting documentation of the requested rectifications (please specify the documentation)

Signature _____

Date _____

Preferred channel for response email letter in person

⁽⁴⁾ I hereby responsibly declare that I have parental authority over my son/daughter and that there are no circumstances that restrict or limit in any way the power of representation that I am granted by this parental authority.

Date and signature

1 In accordance with the provisions of the Personal Data Protection Act 15/1999, of 13th December, you are hereby informed that your personal data will be included in an administrative file owned by the Fundació de Gestió Sanitària de l'Hospital Santa Creu i Sant Pau (FGSHSCSP), for the purpose of processing your request. This information will be received by all of the Hospital's services involved in processing your request. If you would like to receive more information or exercise your rights of Access, Rectification, Opposition or Cancellation (ARCO) stipulated in the data protection legislation, please contact the User Service Department located in the main lobby in the entrance on Carrer de Sant Quintí 89.

2 You must attach a photocopy of the National Identity Card, Passport or other valid document that identifies the interested party.

3 This section must be completed when the interested party is a minor, incapacitated or has expressly appointed a voluntary representative to exercise this right. You must attach a photocopy of the National Identity Card, Passport or other valid document that identifies the interested party's representative and the document accrediting their power of representation.

4 Please only complete this section in the case of requests from minors under parental authority.