

DATA SUBJECT RIGHTS FORM

Information on the person (data subject) seeking to exercise personal data protection rights*

Name and surname

OIB (personal identification number)

Permanent residence/temporary residence address

Type of the personal data protection right you would like to exercise (please, circle the corresponding ordinal number)

1. Right of access
2. Right to data rectification and completion
3. Right to restriction of automated data processing (if applicable)
4. Right to personal data portability or erasure (if applicable)
5. Right to withhold consent to personal data processing for marketing purposes
6. Right to object or complain about personal data processing

Note

Date

Signature of the data subject

Information on the receipt of the Data Subject Rights Form

Form received on

Employee's name, surname and signature

Special Hospital AGRAM Branch



responding to the data subject's queries and complaints. The provision of data is mandatory; should such data be withheld, the Hospital will not be able to respond to the data subject's request. The collected data shall be considered a professional secret and the Hospital shall adhere to the obligation to safeguard data secrecy.