

		LAW ON PROTECTION OF PERSONAL DATA – ACCESS TO PERSONAL DATA INFORMATION REQUEST FORM		
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I. Applicant's	R.T. Identification No		
	Name & Surname		
	Date of Birth		
	Mobile Tel. No.		
	Address		
	<input type="checkbox"/> I am data subject (I request my own data)		
	<input type="checkbox"/> I am relative of Data Subject (I request data related to (1 st degree relative/Legal Representative) * If you are a legal representative, please attach related decree.		
II. Relation with the Institution	Please tick the option below that matches your relation in our institution.		
	<input type="checkbox"/> Patient/Patient Relative <input type="checkbox"/> Employee/Former Employee/Candidate <input type="checkbox"/> Supplier/Supplier Personnel		
	For our patients Last unit rendered service: Last application date:	For our employees Status; <input type="checkbox"/> Current employee <input type="checkbox"/> Former employee <input type="checkbox"/> Candidate Employment period (year) Application year for candidates:	For our suppliers Company name: Position in the Company:
III. Information on request	Please make a statement regarding the personal data you request and share any information you have about the location of the data (for example, explain the hospital where our institution receives service, your department if you are working, and the people you communicate with, as appropriate).		
	Please select the sending method for our response to your request. <input type="checkbox"/> I request delivery to my mailing address <input type="checkbox"/> I request delivery to my E-Mail address <input type="checkbox"/> I would like to receive it personally by applying		

To Be Completed By The Requester		To be completed by the institution	
Date of Request:		Date of Receiving:	
Name, Surname, and signature of Requester		Name, Surname, and signature of Receiver	

Remark: You can submit your requests regarding your personal data within the scope of your rights listed in Article 11 of the Personal Data Protection Law (KVKK) to the address of Üniversitesi Mah Uran Cad No:10 Avcılar-Istanbul by filling in this form, or send it via a notary public, pursuant to Article 13 of the KVKK. In order to ensure the security of your personal data, additional documents (Identity Card, etc.) may be requested for identification. The information and documents you specify in this form are requested in order to accurately determine your relationship with our institution and to give you a complete response within the legal period. Avcılar Hospital does not accept any responsibility for the wrong information or requests originating from unauthorized applications or for any failures that may occur during the delivery of our answers to the addresses you have specified, in case the information regarding your requests is not correct and up-to-date or an unauthorized application is made.