

## APPLICATION FORM ON PERSONAL DATA PROTECTION LAW

Application Date: ..... / ..... / .....

"Personal Data Request" Belong to One

In case of request for "Personal Data" of someone else (parents or custodians if they have not passed 19 years of age, guardian if under guardianship, persons whom the person concerned has explicitly given power of attorney in this direction).

### A. Information Details of the Person who Applied:

Name Surname: .....

Signature:.....

Date of Birth:...../ ..... / .....

T.R. Identity No: .....

Phone Number: .....

E-mail Address: .....

Address: .....

### B. Owner of Personal Data Requested:

Name Surname: .....

Date of Birth:...../ ..... / .....

T.R. Identity No: .....

Phone Number:.....

E-mail Address: .....

Address: .....

**C. Please indicate your relationship with İstanbul Rehabilitation Academy. (For example; "Patient, former employee, third party, employee of the İstanbul Rehabilitation Academy)**

Below part will be filled by health service recipients at İstanbul Rehabilitation Academy

I am an outpatient  I am an inpatient  I was operated  Other: .....

Service Received Health Units:

.....  
.....  
.....  
.....

Below part will be filled by employees at İstanbul Rehabilitation Academy

- I am currently an employee
- I am a former employee Years I Worked: .....
- Other: .....

**D. Please specify in detail your request under the Personal Data Protection Law:**

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.....  
.....  
.....

**E. Please choose the method of notifying you of the response to your application:**

- I want it to be sent to my address.
- I want it to be e-mailed to my e-mail address.
- I want to receive it in person.

(A power of attorney or document indicating the authority of the authorized person should be available if requested by proxy.)

**F. Explanation**

By filling this form,

- You can personally deliver a signed copy to Soğanlık Yeni Mah. Pegagaz Sk. Aura Residence Blok No 4A/55 Soğanlık/İSTANBUL address,
- send through a notary,
- or you can send it via a recorded e-mail address or an e-mail address recorded in our system, as secured email or with mobile signature to the info@istanbulrehab.com address.

This application form, which you have completed, is designed to determine your relationship with İstanbul Rehabilitation Academy and to respond to your application in a timely by law and accurate manner with respect to your personal data processed by İstanbul Rehabilitation Academy, if any. İstanbul Rehabilitation Academy reserves the right to request additional documents and information (such as identity card or driver's license) for identification and authorization in order to eliminate the legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data. İstanbul Rehabilitation Academy accepts no responsibility for any incorrect information or unauthorized application requests or problems that may arise during the sending of our answers to the addresses you

specify in case the information regarding your requests submitted within the form is not correct and not up to date or an unauthorized application is made.

**Below part will be filled by the İstanbul Rehabilitation Academy**

Date: ..... / ..... / .....

Received by: .....

Signature:.....