

PERSONAL DATA REQUEST FORM

Use this form to submit your request to access your personal data. You can fill out your information digitally and then print out, sign and scan the form (or take a clear picture of it). We must determine your identity to protect your personal data and privacy. The manner of doing so may differ depending on the department to which your request is addressed.

If someone else has authorised you to submit this request on their behalf, you must send a signed authorisation from the person who authorised you to the Municipal Health Service (GGD).

If you are unable to scan the form and submit it via email, you can also send the signed documents to: GGD Brabant-Zuidoost, PO Box 8684, 5605 KR Eindhoven

Note!

We will begin processing your request once we have received a fully completed form.

You will be notified of our decision within four weeks of our receipt of your request form.

Requester

Name
Address
Postcode
City

Only fill out the following if applicable:

- Requester is the parent with parental authority over the child
- Requester is the legal representative of the child (include a copy of the court order)

The child's first name and surname
The child's date of birth

Request (choose the applicable option(s))

- | | |
|----------------------------|---|
| Receive access to the file | Receive a copy of the file |
| Rectification of the file | Blocking of the file (restriction of data processing) |
| Deletion of personal data | (partial) destruction of the file |

- belonging to you
- the child over whom you have parental authority
- the person whose legal representative you are
- the person who has authorised you

What department (choose the department(s) to which you want to address your request)

Youth health care	Ambulance control room or ambulance dispatch
General health care	Health promotion
Other department or unknown	Covid-19

Clarification (optional)

[Empty blue box for clarification]

Signature

Requester signature

Youth signature (if they are between the ages of 12 and 16)

Date of signing:	Date of signing:
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Attached (if applicable)

Copy of court order

What we do with this information

The data you enter on this form will only be used to process your request. Only the persons involved in processing your request will have access to these data. Your data will be stored securely and no longer than necessary.

To be completed by GGD Brabant-Zuidoost

The request was received by:

On date:

The request was evaluated by:

Evaluation

Request approved

Request not approved because

the requester is not authorised

the request cannot be honoured for legal reasons

being given access to/a copy of the data affects the privacy of a third party

the deletion/destruction of the data affects the interests of a third party

other:

Clarification

Date of submission of decision