

Data Subject Application Form

Personal Data Subject Application Form

Application Form for Requests to be Made by the Personal Data Subject to the Data Controller.

Applicant's Information

To identify the applicant and conduct necessary investigations based on the nature of the request, the following information is required:

• Name and Surname: • Turkish ID Number: • Date of Birth: • Mobile Phone: • Email (if available): • Address:

For security, the company may contact you within seven (7) days of receiving your application to verify your identity and may request additional information and documents as needed.

Nature of Relationship with the Company

Please specify your relationship with the company (e.g., Patient, Visitor, Former Employee). Examples:

• Patient • Visitor • Former Employee (Years Worked:.....) • Job Applicant • Third-Party Company Employee • Other:

Choose your preferred method for receiving responses:

• Mail to my address • Send to my email • Pick up in person (requires notarized authorization if collected on behalf).

Details of Your Request Under the Law

Please explain your request in detail under the scope of the law:

1. I want to know if your clinic processes personal data about me.

2. If personal data is processed, I would like information about these data processing activities.
3. I want to know the purpose of processing my personal data and whether it is used in line with that purpose.
4. If my data is transferred to third parties domestically or internationally, I would like to know these third parties.
5. I believe my personal data is incomplete or incorrect, and I request its correction.
6. Although my data has been processed lawfully, I request that it be: • Deleted • Anonymized • Destroyed
7. I request that my incomplete or incorrect data shared with third parties also be corrected.
8. I request that my data shared with third parties be: • Deleted • Anonymized • Destroyed
9. I object to any adverse outcome based on automated analysis of my personal data.
10. I request compensation for any damage resulting from unlawful processing of my data.

Please evaluate my application in accordance with Article 13 of the Law and provide information accordingly.