



## **BASKENT UNIVERSITY ISTANBUL HOSPITAL RELEVANT PERSON APPLICATION FORM**

This application form is prepared by BAŞKENT UNIVERSITY ISTANBUL HOSPITAL ('Hospital') and is used for "Request to Data Controller" pursuant to Article 13 of The Personal Data Protection Law (Law nr. 6698) and Communiqué on the Principles and Procedures for the Request to Data Controller.

The applicant shall be given an answer within the shortest time possible according to the characteristics of the request and within thirty days at the latest.

### **1)APPLICATION METHOD**

You may apply by filling this form, submitting a different written text or with all methods defined by Personal Data Protection Authority and with below stated methods:

a-You can submit your application to the address of our Hospital "Altunizade, Kısıklı Caddesi Oymacı Sk. No:7 Üsküdar / İstanbul" personally, via mail or by shipping,

b-To "buistsaglikuygulama@hs01.kep.tr", or "bashekimlikist@baskent.edu.tr" which is a Registered Electronic Mail (KEP) by adding your electronic or mobile signature with "secure electronic signature" certificate.

### **2)DETAILS OF RELEVANT PERSON**

Full Name			
RT ID No		Phone number	
Contact Details			
E-Mail			

### **3)SUBJECT OF REQUEST**

Please explain your request within scope of Personal Data Protection Law (Law no. 6698) and personal data related to your request.

Requests Regarding the Processed Personal Data
Explanation;..... ..... ..... ..... ..... ..... ..... ..... .....

#### 4)ATTACHMENTS

If you have any documents that you want to add to constitute a basis for your application to our Hospital, type here and attach the documents to the application.

Documents To Be Attached;
1- ..... .....
2- ..... .....

#### 5)RESPONDING THE REQUEST

Please mark the communication ways that you choose for the response of your request.

I want the response to be sent to my address	<input type="checkbox"/>
I want the response to be sent to my E-mail address.	<input type="checkbox"/>
I want the response to be sent to my KEP address (please state if you have one)	<input type="checkbox"/>

This application form has been arranged to define your relationship with ‘Hospital’, completely determine your personal data processed by ‘Hospital’ and give a correct answer to your request within the legal period.

To eliminate the legal risks that may arise out of illegally and unfairly sharing the data and especially to ensure protection of your personal data, ‘Hospital’ reserves the right to demand additional documents and information (copy of ID card or driving license etc.) for determining identity and authorization.

If the information regarding your request within the scope of this form is incorrect or outdated or if there is an unauthorized application, ‘Hospital’ does not assume any responsibility regarding the claims arising out of the incorrect information or unauthorized application.

#### RELEVANT PERSON APPLICATION STATEMENT

I request that my application made pursuant to Personal Data Protect Law (Law nr. 6698) is evaluated and concluded within the scope of the above mentioned request/requests and I accept, state and guarantee that the information and documents that I have submitted to your party are correct, up-to-date and belong to me.

Full Name: .....

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

Signature: .....

Note: (If you are applying for someone else, please attach the documents showing that you are authorized to apply (document showing that you are the parent/legal representative of the relevant person, warrant of attorney etc.) to the application. These documents should be issued or approved by authorized parties to be accepted as valid.)