

PERSONAL DATA REQUEST FORM

Use this form to request, change or delete 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

Date of birth

Address

Postcode

City

E-mail address

Phone number

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

Rectification of the file

Deletion of personal data

Receive a copy of the file

Blocking of the file (restriction of data processing)

(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

Have you chosen for ambulance control room of ambulance dispatch? Pleas fill in the details below

Date	<input type="text"/>
Location/adres incident	<input type="text"/>
Brief description of the incident	<input type="text"/>

Clarification (optional)

Signature

Requester signature

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

<input type="text"/>	<input type="text"/>
Date of signing:	Date of signing:

Attached (if applicable)

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