

EXERCISE OF THE RIGHT OF ERASURE**DATA CONTROLLER DETAILS.**

Name/corporate name:

HEALTH IN CODE SL

Address of the Office/Service to which the right of portability is exercised:

Calle Travessia, 15E - Edificio Biohub, Marina de Valencia, 46024, Valencia. Spain

PATIENT OR LEGAL REPRESENTATIVE DETAILS

Mr./Ms of legal age, with address at..... no, Town/City..... District.....P.C.....and holder of Identity Document....., with e-mail hereby exercises the right of erasure, pursuant to that set forth in Article 15 of EU Regulation 2016/679, General Data Protection Regulation (GDPR).

REQUESTS:

That the deletion of your personal data is agreed within one month of receipt of this request, and that I am notified in writing of the result of the deletion carried out.

That in the event that it is agreed that it is not appropriate to carry out all or part of the requested erasure, I will be informed of the reasons in order to, where appropriate, lodge a complaint with the corresponding supervisory authority.

That in the event that my personal data have been communicated by that data controller to other data controllers, I be informed of this erasure.

It is recommended that you enclose with this form a written statement setting out in detail all the information necessary to identify the subject of your claim.

Place and date

Signed

INSTRUCTIONS

1. This form shall be used by the data subject when he/she wishes the data to be erased when any of the circumstances contemplated in the General Data Protection Regulation apply. For example, unlawful data processing, or when the purpose for which the data were processed or collected has ceased to exist.
2. However, certain exceptions are foreseen in which this right will not be applicable. For example, when the right to freedom of expression and information must prevail.
3. It will be necessary to provide a photocopy of the National Identity Card or equivalent document that proves identity and is considered valid in law, in those cases in which the data controller has doubts as to his or her identity. In the event of acting through legal representation, the ID card and document accrediting the representation of the representative must also be provided.
4. The Spanish Data Protection Agency does not have their personal data and may only provide the contact details of the Data Protection Officers of the entities obliged to appoint one who have notified their appointment to the Agency. It may also provide these contact details in respect of those entities that have voluntarily appointed a Data Protection Officer and have notified it.
5. The owner of the personal data undergoing processing must contact directly the public or private body, company or professional of which he/she presumes or is certain that he/she holds the data.
6. In order for the Spanish Data Protection Agency to process your complaint in the event that your request to exercise the right of erasure has not been complied with, it is necessary that the data controller has not made the right effective, and provides one of the following documents:
 - The refusal of the data controller to erase the data requested.
 - Copy stamped by the data controller of the erasure request form.
 - A copy of the access request form stamped by the post office or a copy of the receipt for sending it by registered post.
 - Any other means of proof provided by the data controller from which the receipt of the request may be deduced.