

Medical center: Hammas Mehiläinen:

INFORMATION OF THE PATIENT/CLIENT:

Name of patient/client:

Personal identity code:

Street address, postal code and city:

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Telephone:

UNIT AND DATA:

Unit in which the data has been documented:

Name of the person who has documented the data

Date of documentation: / / 20.....

DATA CORRECTION DEMAND

I demand the following unnecessary data to be erased (please specify the data that is to be corrected, the suggested change, and the grounds for the change)

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I demand the following incorrect data to be amended (please specify the data that is to be amended, the suggested change, and the grounds for the change)

.....

I demand the following data to be added as a supplement to the register above (please specify the data that is to be amended, the suggested change, and the grounds for the change)

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If my data correction request is not accepted, the data controller must, in accordance with EU's General Data Protection Regulation, issue a written certificate concerning the refusal. The certificate must also state the reason for the refusal.

Date and place: / / 20.....

.....

Signature and printed name of patient/client

RECEIVING THE DEMAND

To be filled in the receiver of the demand.
The identification of the person delivering the demand must be verified from a photo ID.

Identity verified:

Passport (issued by a member state of the European Economic Area (EEA),
Switzerland, or an authority in San Marino)

Driver's licence (issued by a Finnish authority)

Photo ID card (issued by the police)

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Date and place

.....
Name of the person receiving the demand

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Unit in which the demand is received