DATA SUBJECT REQUEST

If you want to make a **request or a complaint about the Controller** regarding the processing of your personal data, you can use the following communication channels to exercise your rights.

Using this sample form that can be sent:

- to meet@hx.clinic
- in writing through a postal service provider to the Controller's registered office,
- in writing by personal delivery at the Controller's registered office,
- in writing via the data box;

Without using the sample form in any form whatsoever:

- to meet@hx.clinic
- in writing through a postal service provider to the Controller's registered office,
- in writing by personal delivery at the Controller's registered office,
- in writing via the data box;
- employees of the Controller can also contact the **HR manager**

PART A

Details of the requester[1]	
Name and surname	
Address	
Telephone	
Email	

PART B

Details of the requester's representative[2]	
Name and surname	
Address	
Telephone	
Email	

[1] *As the Controller* ***is obliged*** *to verify the requester's identity for each request and determine whether a data subject is concerned, you are requested, for this purpose:*

a. ***to appear in person*** *at the Controller's registered office to prove your identity by producing an identity document (ID card, driving licence or passport), or*
b. *to prove your identity by* ***authentication of your signature*** *on the document,* ***or you can use an instrument to ensure reliability****, such as an advanced, recognised or qualified electronic signature.*

For the sake of completeness, please note that if it is impossible to identify a data subject, even after the data subject has been requested to prove their identity, of which we will duly inform you, the Controller will not allow the exercise of the right.

[2] *Please fill in if the requester (data subject) is represented; in such a case, the request must be accompanied by a* ***power of attorney bearing the requester's authenticated signature***

PART C

Identification of the Controller
HX Medical a.s., company reg. No. 24092495, having its registered office at náměstí Marie Schmolkové 3493/1, Strašnice, 100 00 Praha 10, entered in the Commercial Register under file No. B 30274 /MSPH

PART D

	Please indicate your relationship to the Controller *(please mark the appropriate box)*
	Employee
	Former employee
	Customer
	Board member
	Business partner (self-employed, agent)
	Job applicant
	Others *(please specify the relationship)*

PART E

	Scope of the exercise of rights *(please mark the appropriate box)*	**Specification of request**
	Right of access to information[3]	
	Right to rectification[4]	
	Right to erasure[5]	
	Right to restriction of processing[6]	
	Right to data portability	
	Right to object[7]	
	Right not to be subject to automated individual decision-making, including profiling[8]	
	Right to withdraw consent[9]	

[3] *Based on this request, we will provide you with* ***access to the information*** *on the processing of the data in questions, in particular, the purposes of processing and categories of personal data. For example, you can state in the specification which personal data your request applies to.*

[4] *Which personal data do you wish to be* ***rectified****?*

[5] *Which personal data do you wish to be* ***deleted****?*

[6] *Please state the* ***reason*** *for restricting the processing of your personal data.*

[7] *Please* ***specify*** *your objection to the processing of your personal data.*

[8] *Please describe* ***what you see*** *as a decision based solely on automated processing, including profiling that is of direct concern to you.*

[9] *To* ***which purpose*** *does the consent you wish to withdraw apply?*

Information about the processing of personal data in connection with your request

Based on your request, the personal data you have provided to us will be stored in the Controller's information systems pending the resolution of the issue and for a period of 5 years after the resolution, in the event of judicial or administrative proceedings, for the purpose of obtaining relevant evidence. We would also like to inform you that you have the **right to information**, **the right of access to information, the right to rectification, the right to data portability, the right to erasure, the right to restriction of processing, the right to object to processing and the right to lodge a complaint with a supervisory authority**.

In _____ on _____

_____

(Requester's signature)[10]

[10] *By signing it, you confirm that the information contained in this request* ***is true****.*