

## REQUIREMENT FOR RECTIFICATION OF DATA STORED IN THE PATIENT REGISTER

**Data controller:** Orton Oy, Tenholantie 10, FI-00280 Helsinki

**Requirement for rectification** Pursuant to Article 16 of the EU Data Protection Regulation (679/2016) that the information stored about me in your register and specified below is rectified as follows:

Name of author: \_\_\_\_\_

Date and time: \_\_\_\_\_

I require that the following information be deleted as unnecessary (please specify the information to be deleted along with the justification):

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I require the following incorrect information to be rectified (please specify the information to be rectified, the proposed amendment and the justification):

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I require that the following information be included in the patient register as a supplement (please provide justification for the supplement):

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2 (2)

### **Details of the claimer**

Client name: \_\_\_\_\_

Personal identity code: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Time and place: \_\_\_\_\_

Signature: \_\_\_\_\_

The request will be submitted in writing and signed by hand to Orton's patient contact person.

By post: Orton Oy, Patient contact person, Tenholantie 10, FI-00280 Helsinki

Securely via email: <https://www.turvaposti.fi/viesti/potilasasiat@orton.fi>

The identity of the data subject will be verified before the data is rectified.

If my data rectification requirement is not approved, the data controller must provide a written certificate of refusal on the matter in

accordance with the law. The certificate of refusal must also state the reason for the refusal.

Identity verified by: \_\_\_\_\_