



Data Subject Request Form

This form is used to make a request under the General Data Protection Regulation for request information about your personal data that is held by HealthPointe Solutions legal entities (“HealthPointe”).

Requester Details

Title:	
Family Name:	
Middle Name:	
First Name:	
Other Names (i.e. maiden name):	
Address:	
Town/City:	
Postal Code:	
Country:	
Phone Number:	
E-mail Address:	
In case we have a question about the request, select the preferred method for contacting you.	
<input type="checkbox"/>	Please contact me using my e-mail address
<input type="checkbox"/>	Please contact me using me phone number
Preferred Language:	

Data Subject Details

Are you the data subject?	
<input type="checkbox"/>	Yes, I am the data subject (please send us proof of your identity: copy of passport or driving license or other national ID document. Please black out your photo and Social security number if that is included on the document).
<input type="checkbox"/>	No, I am acting on behalf of the data subject with their express permission, or with the appropriate legal authority (please send a letter of authority and proof of your identity).



How are you exercising these rights?	
<input type="checkbox"/>	Customer
<input type="checkbox"/>	Employee/Contractor
<input type="checkbox"/>	Other:
Specify which HealthPointe legal entity is relevant to your request:	

Request Details

What do you request? Please provide details of the specific personal data you seek.	
When did you supply information to HealthPointe in which context? (Approximate dates will help us).	
Please specify the period of time you would like us to provide the information for.	
Please provide any other relevant information that may help us process your request.	

Processing Instructions

Please send a copy of this form, including proof of your identity (see point 2 above), to privacy@healthpointe-solutions.com and we will respond to your request as soon as possible.

Under the applicable laws, we are required to provide the requested information within one month after your request provided that your request contains all required information. In certain cases, we have the right to extend this period with two months. If we do this, we will let you know within one month after your request. If we decide not to give the information you request (for example if we do not process any personal data of you), we will let you know within one month.

We advise that you retain a copy of this form for your own records. HealthPointe will process your personal data, and that of the data subject if you are making a request on behalf of someone else, for the purpose of assessing and responding to your request only. Further details on how we process your personal data in relation your request, including how long we store the data, can be found in our privacy policy, which you can access here:

<https://www.healthpointe-solutions.com/privacy-policy>