# Request to access information on data processing

**Den registrerades rättigheter enligt dataskyddsförordningen**

Under the EU:s Data Protection Regulation (GDPR), you as a data subject have the right to request access to information on our processing of your personal data. This form is meant to assist you in exercising your right to access under article 15 of the GDPR, regarding your personal data that is being processed by Praktikertjänst AB (556077–2419).

**NOTE:** The processing of medical records and logs adheres to a strict set of provisions in the Swedish Patient data law (2008:355), that acts complementary to the GDPR. If your request regards information in an active medical record or log, we recommend that you contact the care unit where you are registered. If your primary care unit has been discontinued, you are welcome to contact the central Document- and archiveservice at Praktikertjänst, via the reception: [vaxel@ptj.se](mailto:vaxel@ptj.se) or 010-128 00 00.

**Information on the processing of personal data**

Praktikertjänst AB is the controller for the processing of your personal data. We process your personal information in order to execute your request to exercise your rights under the Data Protection Regulation.

**What information do i have to submit with this form?**

We process your name, social security number and contact information in order to locate information regarding you in our registry and to be able to contact you on matters relating to your request.

Your information is stored for a maximum of 12 months in order to answer questions you may have, following the processing of your request.

**Processing time of the request**

Your valid request will be processed and answered within one calendar month.

**Data Protection Officer**

If you have any questions or want to get in contact with the Data Protection Officer att Prakitkertjänst, please send an e-mail to [dso@ptj.se](mailto:dso@ptj.se) or call the telephone exchange 010-128 00 00.

**Request to access information on data processing**

I hereby request to exercise the right to access under article 15 of the GDPR.

|  |  |  |
| --- | --- | --- |
| **First name** | **Last name** | **Social security number (yymmdd-xxxx)** |
| **Address** | **Postal address** | **E-mail** |
| **Telephone number (home)** | **Telephone number (cellphone)** | **Signature** |

I make this request:

for myself

as a legal guardian to the person stated below

by power of attorney on behalf of the person stated below

|  |  |
| --- | --- |
| **Name:** | **Social security number:** |

Kindly fill in the following in order to simplify the processing of your request:

I am or have previously been in contact with Praktikertjänst

I am or have previously been employed/a consultant at Praktikertjänst (the central office)

I am or have previously been employed/a consultant at one of Praktikertjänsts care units

I am or have previously been a patient (dental care)

Please state which units:

I am or have previously been a patient (healthcare)

Please state at which units:

**Delivery method of information**

Decide how you want to recieve the information

I want to recieve the excerpt of information by registered mail to my registered home (you need to be able to

verify your idenity by providing a legitimate identity card such as national ID, drivers license or passport.)

I want to recieve the excerpt of information by secure and encrypted e-mail. (your request needs to have

been sent via e-mail and you need to be able to verify your identity.)

I want to pick up the excerpt of information at Praktikertjänsts reception, located on Adolf Fredriks

Kyrkogata 9. (you need to be able to verify your idenity by providing a legitimate identity card such as national ID, drivers license or passport.)

**Filled by the recipient of the request:**

Giltig legitimation

Datum:

…………………………………………………………………………

Giltig fullmakt

Datum:

…………………………………………………………………………

Underskrift (mottagare): ........................................................................